DIRECT INVESTIGATION REPORT

ASSESSMENT OF CHILDREN WITH SPECIFIC LEARNING DIFFICULTIES

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Office of The Ombudsman

Hong Kong

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直接調查報告摘要
政府當局為有特殊學習困難的兒童
所提供的評估服務

背景資料

「特殊學習困難」是指一些兒童儘管智力正常甚或較聰穎，在學習上卻有嚴重障礙。本署曾接到家長投訴，指政府當局並未為有特殊學習困難的兒童提供適時的評估及足夠的支援服務。很多家長顯然並不知道這類兒童可得到甚麼服務、由誰提供及服務範圍等。

2. 本署關注當局有否相關的制度和程序，確保能夠適時鑑別這類兒童，為他們提供足夠的協助。因此，申訴專員在二零零五年九月一日宣布根據《申訴專員條例》(第 397 章)第 7(1)(a)(ii)條主動展開直接調查。這項直接調查的範圍如下：

(a) 教育統籌局(「教統局」)及衞生署為幼稚園至小六的學生評定是否有特殊學習困難的評估服務；

(b) 教統局及衞生署在提供這類評估服務方面的角色；

(c) 評估服務的協調工作－

(i) 政府內部；以及
(ii) 政府部門與志願機構之間；

(d) 現行機制的效率及成效；以及
(e) 政府為提高市民(尤其是家長和教師)對特殊學習困難的認識而採取的措施。

3. 除了審研教統局及衞生署提供的文件外，本署亦會見了一些家長及小學與志願機構的人員。

特殊學習困難的定義

4. 教統局及衞生署對「特殊學習困難」有類同的定義。概括而言，有特殊學習困難的兒童儘管智力正常，並有充分機會接受教育，但在掌握言語或文字技巧以至學習其他基本技能上，卻有一定困難。這些技能包括：

- 聆聽
- 說話
- 閱讀
- 書寫
- 推理
- 數學

5. 本署挑選了若干實例載於**附錄**，以說明幾種不同類型的特殊學習困難。

評估服務：初生至小學期間

衞生署

6. **家庭健康服務**：定期約見所有初生至五歲的兒童，並把懷疑有發展或學習問題的兒童轉介到「兒童體能智力測驗服務」接受進一步評估。

7. **兒童體能智力測驗服務**：為十二歲或以下有發展障礙的兒童提供多方面專業評估服務。在接到註冊西醫或心理學家的轉介後，先由護士進行初步會見，其後由分析會議決定要進行的評估類別。在首次會面中，護士會把「兒童體智評估記錄」小冊子交給家長，解釋評估服務流程，並在完成評估後提供評估摘要。

8. **學生健康服務**：透過學生健康服務中心，為所有參與是項服務

的中小學生提供每年一次的免費健康評估。對於懷疑有特殊學習困難的個案，會轉介到健康評估中心作進一步的心理健康評估。

教育統籌局

9. 學校與教師肩負鑑別學生是否有特殊學習困難的重任。教統局為教師擬備一份「小一學生之學習情況量表」(「學習情況量表」)，自二零零四年九月開始實施。當局採用「**從教學中評估**」的流程，分七個階段進行鑑別和輔導。下文第 10 至 11 段載列其中一些特定目標時限。

10. 每年九月在新學年開始時，教師都會觀察學生的表現；並在十二月至翌年一月期間，為懷疑有學習困難的學生填妥「學習情況量表」。一月中旬之後，學校的特別小組便會分析「學習情況量表」的結果，並鑑別有學習困難的學生：

(a) 學校會為有輕微學習困難的學生提供支援，包括調整教學策略及課程內容。假如學生在輔導後一個學期內仍有嚴重學習困難，便會轉介教育心理學家作評估。

(b) 學校亦會把有顯著學習困難的學生轉介教育心理學家，作進一步評估。

(c) 而有特殊學習困難的學生更會獲得額外撥款及專業輔導，以照顧其特殊需要，並定期檢討進度。

11. 教師亦會評估其他懷疑有特殊學習困難的學生。

觀察所得及意見

特殊學習困難的統計數字

12.　　教統局及衞生署提供的數字均顯示，被評定為有特殊學習困難的兒童人數有上升趨勢：

2004/05 及 2005/06 學年教統局關於主流公營學校[1]小一學生「學習情況量表」評估為有學習困難的學生的統計數字：

	小一學生總人數	「學習情況量表」評估的人數	(A) 沒有學習困難的人數	(B) 有輕微學習困難的人數	(C) 有顯著學習困難的人數	從有顯著學習困難的人數中鑑別為有特殊學習困難者
2004/05	54,123	11,551	7,672	2,068	1,811	297
2005/06	50,362	11,081	6,277	2,493	2,311	497

2002/03 至 2005/06 學年各主流公營學校新評估為有特殊學習困難的學生人數（包括小一學生的分項）：

		2002/03	2003/04	2004/05	2005/06
	所有小學級別				
(a)	學生人數	436,023	423,235	402,652	381,428
(b)	新評估為有特殊學習困難的學生人數	980	922	1,065	1,658
(c)	(b) ÷ (a) × 100%	***0.22%***	***0.22%***	***0.26%***	***0.43%***
	只計算小一學生				
(d)	學生人數	63,774	60,497	54,123	50,362
(e)	新評估為有特殊學習困難的學生人數	149	215	297	497
(f)	(e) ÷ (d) × 100%	***0.23%***	***0.36%***	***0.55%***	***0.99%***

[1] 包括政府、津貼及直接資助學校。

2003 至 2006 年衞生署評估為有特殊學習困難的兒童的個案統計數字：

年份	評估為有特殊學習困難的兒童人數		合計
	學生健康服務	兒童體能智力測驗服務	
2003	106	602	708
2004	98	616	714
2005	106	730	836
2006	152	976	1,128
合計	462	2,924	3,386

13. 據資料[2]顯示，某些外國學生有讀寫障礙的（佔特殊學習困難個案 80%以上）所佔百分比如下：

意大利	1.3%至 5%
新加坡	3.3%
日本	6%
英國	6%
美國	8.5%

本港雖有研究特殊學習困難，包括有關普遍率的研究，但本署懷疑當局提供的數字未必能反映本港特殊學習困難的真實普遍率。本署認為，教統局應諮詢衞生署，以及聯絡這方面的專家和有關人士，以取得更真實確切的數據，作為訂定整體服務計劃的依據，從而為有特殊學習困難的兒童、家長及學校提供評估及合適的支援服務。

家長對特殊學習困難的認識

14. 再者，家長對特殊學習困難有否認識和了解，亦直接影響到能否及早發現這情況，尤其是當學生的發展障礙並不明顯，或同時有其

[2] 根據 2005 年 9 月 22 日查閱香港特殊學習困難研究小組網站 (http://web.hku.hk/~hksld/homepage_e/Dyslexia_e3.html)所得資料。

他方面的殘障。這對於學前兒童，以及由於某些未知的原因（例如在小一之後才入讀本港學校的兒童）而未經填寫「學習情況量表」程序的學生尤其重要。當局可提醒這些家長協助子女，而不是因為子女的「頑劣行為」而責罵甚至懲罰他們。延誤鑑別只會讓兒童的學習困難變得更嚴重，而令他們需要更長時間和多類型的輔導服務。

15. 由於特殊學習困難的嚴重程度不一，兼且可能同時具有其他殘障；評估工作或須由不同專業人員進行，並由不同單位提供輔導服務，家長需要知道向何處求助。

16. 本署從個案研究、市民的意見書及與有關人士的面見所得，發現家長普遍對特殊學習困難認識不多，亦不大清楚當局所提供的評估服務。

教統局的評估服務

教育心理服務

17. 教統局透過本身的職員提供教育心理服務。自 2002/03 年度起，這項服務亦會由外判人員提供。在 2005/06 學年，每位教育心理學家平均負責 30 間學校及處理 218 宗個案，而外判教育心理學家與學校的比例平均是 1 比 6，每人平均負責 106 宗個案。教統局透過外判人員為學校及學生提供服務的定期進度報告和統計資料，監察外判教育心理服務。此外，該局與外判教育心理學家定期舉行協調會議，並抽樣巡視由外判人員服務的學校，以確保專業服務的水準一致。

18. 提供教育心理服務的教育心理學家人數日漸減少：

學年	人數
2003/04	30
2004/05	27
2005/06	28
2006/07	27

就每人照顧的學校數目和平均工作量來說，教統局的教育心理學家與外判教育心理學家所承擔的工作並不均等。

服務承諾

19. 教統局解釋，由於「從教學中評估」是持續的流程，因此難以為整個流程訂定時限。然而，我們認為，既然某些階段已設有特定的時限（第 10 段），該局沒有理由不為餘下的階段設定目標時限。

20. 在專業評估方面，教統局沒有訂明在學校轉介個案後，教育心理學家開始及完成評估的服務承諾。我們亦認為該局沒有理由不訂明服務承諾。

評估報告

21. 由於評估報告是為了方便教育心理學家與提供適當教學支援給有特殊學習困難學生的學校進行溝通之用，因此，在家長提出要求時，教統局才會給他們一份評估報告或摘要，但須收取影印費。其實，家長必須充分了解子女的情況，才能給予他們適當的照顧和支援；因此，家長有理由和權利知道全面的評估結果，而報告用詞須顯淺易明，儘管該局可能要向他們額外收費。

評估過程的透明度

22. 教統局並沒有告訴家長如何進行心理教育評估和評估的內容。家長對整個評估過程毫不知情。我們認為，該局應把評估過程確實告知家長。

為教師及學生提供支援

23. 一些教師向我們反映填寫「學習情況量表」的問題，以及他們在這方面需要的支援。我們亦關注到學生在進行評估後，被評定為有輕微或顯著學習困難，但並非有特殊學習困難時，他們在學校是否獲

得適切的支援，讓他們能有效地學習。

衞生署的評估服務

服務承諾

24. 衞生署並沒有為學生健康服務訂定服務承諾，規定有關人員在特定的時限內，完成評估新個案。

評估報告

25. 臨床心理學家給教育心理學家的報告資料詳盡，若家長及學校要求索閱，也應提供上述報告給他們參考。

部門之間的協調

更清晰地界定教統局與衞生署的責任

26. 衞生署的責任，是為初生至學齡兒童提供全面的健康發展監察服務。二零零六年，該署評估了 1,128 宗個案，與教統局在 2005/06 學年評估 1,658 宗個案相比，該署評估的個案超過合計總數的三分之一，因此，該署在為有特殊學習困難的兒童提供服務的環節上，擔當着重要的角色。

27. 更清晰地界定教統局與衞生署的責任，將有助家長及教師更加了解當局提供甚麼服務及在何處可獲服務。教統局從小一開始，便有為所有在公營學校就讀的學生進行評估，並在這方面擔當主要角色，而衞生署則為學前兒童提供全面服務，並為一些有相關疾病的兒童診斷。我們認為，最理想的是為所有學前兒童提供鑑別特殊學習困難的服務，以便及早輔導。

評估服務的協調工作

28. 教統局與衞生署現時互相協調，確保不會對同一名兒童重複評估測驗，而且彼此交流評估報告。兩個部門利用每半年一次的聯絡會議，促進雙方在運作上的協調。然而，本署建議聯絡會議的範圍應擴大至其他重要事項，例如更清晰地劃分部門的責任，以及訂定更緊密的合作措施。

整合統計資料

29. 目前，教統局及衞生署對評定為特殊學習困難個案各自保存統計資料，而且採用不同的計算方法和年度。教統局和衞生署實極需在編訂統計資料方面互相配合，並整理綜合的數據，以便市民參閱及釐訂服務的整體計劃。

宣傳方面的協調工作

30. 鑑於家長甚至學校對特殊學習困難認識不多，對這方面衍生的問題亦不太理解(第16段)，教統局及衞生署必須加強宣傳和公眾教育。由於特殊學習困難涉及多個專業範疇，兩個部門應在宣傳方面攜手合作。

與志願機構的協調

31. 教統局及衞生署(特別是教統局)肩負提供服務的責任，而一些志願機構亦在考慮更積極地協助有特殊學習困難兒童服務上，作出不少貢獻，因此，政府當局可以考慮更積極地讓志願機構分擔這些服務。

建議

32. 教統局和衞生署一直積極回應本署的調查，並自二零零五年四月起已開始推行改善措施；本署對此表示讚賞。然而，本署認為兩個

部門在許多方面仍需進一步改善，因此，申訴專員向教統局和衛生署提出下列建議，並向政府當局提出兩項建議：

評估準則

(1) 教統局應諮詢衛生署，與這方面的專家及利益相關人士聯絡和合作，檢討評估準則，並提出更真實確切的數據。

提升家長對這方面的認識

(2) 與志願機構更緊密合作，提高家長對特殊學習困難的認識。
(3) 考慮設立「一站式」服務，向家長及教師派發全面和統一的資料。
(4) 就市民對特殊學習困難的一般認識程度及宣傳效果進行意見調查。
(5) 加強宣傳，提升家長對當局所提供的評估服務的認識。

改善部門之間的協調

評估服務的協調工作

(6) 擴大兩個部門聯絡會議所涵蓋的範圍。

整合統計資料

(7) 在編訂統計資料方面互相配合，並整理綜合的數據，以便市民參閱。

宣傳方面的協調工作

(8) 共同訂定統一的宣傳策略，以提升市民對特殊學習困

難及政府當局各項評估服務的認識。

改善與志願機構的協調工作

(9) 檢討在為兒童進行評估及為有特殊學習困難的兒童提供支援方面，政府與志願機構如何盡量加強協調及進一步合作。

改善教統局的服務(由教統局辦理)

服務承諾

(10) 就下列兩項訂定目標時限 —

(i) 「從教學中評估」流程中餘下的三個階段；以及

(ii) 教育心理學家在接到學校或其他機構轉介個案後，展開及完成評估的時間。

教育心理服務

(11) 認真檢討教育心理服務的工作及運作方式，包括進一步將服務外判的範圍。

(12) 檢討現時監督外判教育心理學家的表現的制度是否足夠。

評估報告

(13) 若家長及有關的學校提出要求，應為他們提供完整的評估報告，而用詞須顯淺易明。

過程的透明度

(14) 向家長妥善地解釋評估過程。

對教師的支援

(15) 繼續定期收集教師的意見，以改善服務，並協助他們解決在填寫「學習情況量表」時遇到的困難。

改善衞生署的服務(由衞生署辦理)

學生健康服務的服務承諾

(16) 就學生健康服務所提供的特殊學習困難評估服務，訂定目標完成日期。

評估報告

(17) 若家長及有關的學校提出要求，應為他們提供詳細的評估報告。

(18) 繼續為有相關疾病的學前兒童診斷。

更清楚界定教統局及衞生署的職責(由政府當局辦理)

(19) 更清楚界定教統局及衞生署的職責，讓家長及教師更了解他們提供甚麼服務，以及在何處可獲服務。

(20) 研究為學前及幼稚園兒童鑑別是否有特殊學習困難，以便及早輔導的可行性。

教統局及衞生署的回應

33. 教統局及衞生署均就調查報告草擬本作出了回應。本署已將

這些回應適當地納入最後報告內。

34. 教統局認為，是次調查只是就評估問題進行「狹義」的審研，即「只針對為診斷而進行的評估」。

35. 衞生署強調，問題只會在學習過程中顯現，在這方面，該署可以隨時提供專業支援和意見，協助教統局在教學環境中及早鑑別有特殊學習困難的兒童。

結語

36. 本署這次調查的重點，是當局為有特殊學習困難的兒童而進行的初期評估。本署明白，評估是持續的過程，最好是從家庭開始，再由學校跟進。

37. 本署亦同意，特殊學習困難首先是教育的問題，教統局在鑑別哪些兒童有特殊學習困難並提供協助方面，應擔當主要角色。另一方面，要教統局及衞生署清楚劃分職責，涉及資源調撥與分配問題。這是政策考慮，須由政府當局決定。

38. 本署將監察教統局及衞生署落實建議的進度，並期望當本署進一步審研當局為這類兒童提供的支援服務時，他們能繼續通力合作。

致謝

39. 在本署進行調查期間，教統局及衞生署、小學及志願機構的教職員、有特殊學習困難的孩童的家長，以及其他人士均曾提供協助，申訴專員表示衷心感謝。

申訴專員公署

二零零七年三月

附錄
（第 5 段）

幾種類型的特殊學習困難

(a) 讀寫障礙：閱讀及書寫方面有困難，因看不出不同字母和字體之間的區別而引起。

(b) 數學運算障礙：學童在掌握數字、數量及運算方面有嚴重困難，而這現象不能以一般的理智認知困難（如智力發展遲緩）解釋。

(c) 特殊語言障礙[3]：學童有明顯的語言缺陷，影響多方面的語言表現，諸如音系（語音）、語義（意思表達）及語法等。

(d) 動作協調障礙（發展性協調障礙）：學童在協調大小肌肉的活動、控制姿勢和保持身體平衡方面出現困難，因而往往被形容為「笨手笨腳」。

(e) 視覺空間組織及感知障礙[4]：學童難以辨識空間關係，左右不分，以視覺組織非語言事物（包括繪畫及寫字）亦有困難。

(f) 中樞聽覺感知障礙[5]：學童在處理和學習跟語言有關的工作時出現困難。

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[3] 根據 2005 年 9 月 27 日查閱衛生署藍芷芊醫生於網站(http://www.fmshk.com.hk/hkmd/may2001/sf20010504.htm)刊載的文章 "Dyslexia and other Specific Learning Disabilities"所得資料。

[4] 同上

[5] 根據 2006 年 2 月 14 日查閱 Learning Disabilities Association of America 網站 (http://www.ldaamerica.us/aboutld/parents/ld_basics/print_ld_asp)所得資料。

個案研究中的實例

- <u>視覺及空間感較弱</u>
  將英文字母「b」看作「d」,「p」看作「q」,「u」看作「n」,「cousin」看作「nisuoc」,「醒」看作「星酉」,「村」則看作「寸木」等。

- <u>難以區別發音相近的字</u>
  默書時會誤將要默寫的字和其他同音字混淆，例如將「評」寫作「平」;「克」寫作「黑」;「鋒」寫作「風」等。

- <u>識別詞彙困難</u>
  在閱讀及理解關連詞或近義詞時出錯，例如「爭吵」變成「爭嘈」;「秩序」變成「規矩」;「痊癒」變成「感染」;「時候」變成「時間」;「参加」變成「比賽」等。

- <u>難以依次序閱讀</u>
  無法逐行閱讀文章，讀完第一行會跳到第三行。

- <u>難以書寫整齊</u>
  寫中文字會「出格」。

- <u>長期記憶困難</u>
  對書本上的字只有短期記憶，數天後便將曾反覆温習過的詞彙忘記得一乾二淨。

EXECUTIVE SUMMARY

Direct Investigation on Assessment of Children with Specific Learning Difficulties

Background

Specific learning difficulties ("SpLD") are a class of condition, occurring in a child of average or above average intelligence and characterized by a significant delay in one or more areas of learning. Over the years, we have received a number of complaints about the assessment of children with SpLD and the lack of support services for them. Many parents are ignorant about what services are available for such children, who provide them or how and how far they are delivered.

2. Concerned whether Government has systems and procedures in place to ensure timely identification of these children and adequate assistance for them, The Ombudsman declared this direct investigation under section 7(1)(a)(ii) of The Ombudsman Ordinance, Cap. 397 on 1 September 2005, to examine:

(a) assessment services by Education and Manpower Bureau ("EMB") and Department of Health ("DH") for identifying children with SpLD from kindergarten to primary six;

(b) the respective roles of EMB and DH in such services;

(c) co-ordination of assessment services –

(i) within Government; and

(ii) between Government and non-government organizations ("NGOs");

(d) efficiency and effectiveness of the current mechanism; and

(e) action by Government to enhance public awareness of SpLD, particularly among parents and teachers.

3. In addition to studying documents provided by EMB and DH, we also interviewed parents and personnel of primary schools and NGOs.

What is SpLD?

4. EMB and DH define SpLD similarly. Characteristically, despite normal intelligence and education opportunities, children with SpLD have problems with one or more of the basic processes used in understanding or using spoken or written language, such as:

- Listening
- Speaking

- Reading
- Writing
- Reasoning
- Mathematical calculations

5. Some different types of SpLD are listed in the **Annex**, with a few real life examples from our case studies.

Assessment Services: from Birth to Primary School

Department of Health

6. **Family Health Service** conducts routine interviews for all children from birth to the age of five. Any child suspected of having developmental or learning problems is referred to the Child Assessment Service ("CAS") for further evaluation.

7. **Child Assessment Service** provides multidisciplinary services for assessing children up to age 12 with developmental problems. Upon referral from registered doctors or psychologists, a nurse will conduct a preliminary interview. A team conference then decides on the kind of assessment to be given. CAS gives parents, at the first appointment, a pamphlet "Rainbow Book" to explain the general assessment process; and on completion of assessment, a summary assessment report.

8. **Student Health Service** provides free annual health assessment in Student Health Service Centres for all primary and secondary school students joining the Service. For suspected cases of SpLD, further psychosocial health and psychological assessments are conducted in Special Assessment Centres.

Education and Manpower Bureau

9. Schools and teachers have an important role in identifying students with SpLD. EMB has developed an Observation Checklists for Teachers ("OCT"). This has been in use since September 2004 for primary one students. Identification and intervention are conducted by a process of "**Assessment through Teaching**" in seven stages, some with designated time frames as outlined in paragraphs 10-11.

10. Every year, in September, teachers observe students' performance. Between December and January, teachers complete the OCT. After mid-January, a special team in the school analyses result of the OCT and identifies students with learning difficulties:

(a) For those assessed to have mild learning difficulties, the school will provide support, including adaptation of teaching strategies and curriculum. Students who continue to show severe learning difficulties, despite intervention for one term, will be referred to educational psychologists for assessment.

(b) Those assessed to have marked learning difficulties are referred to educational psychologists for further assessment.

(c) Those assessed to have SpLD will receive additional funding and professional support for their special needs and have their responses reviewed regularly.

11. Teachers also assess other students who have not been covered by the OCT exercise but suspected to have SpLD.

Our Observations and Opinions

Statistics of SpLD

12. Statistics from both EMB and DH show a rising trend of cases for children assessed to have SpLD:

*EMB statistics on **primary one** students of mainstream public sector schools[1] identified with learning difficulties in the OCT exercises conducted in school years 2004/05 and 2005/06:*

	Total covered by OCT exercise	Number subject to completion of OCT	(A) Number with no learning difficulties	(B) Number with mild learning difficulties	(C) Number with marked learning difficulties	SpLD among those with marked learning difficulties
2004/05	54,123	11,551	7,672	2,068	1,811	297
2005/06	50,362	11,081	6,277	2,493	2,311	497

Number of students in all mainstream public sector schools newly assessed to have SpLD from 2002/03 to 2005/06 (with breakdown for primary one):

		2002/03	2003/04	2004/05	2005/06
All Primary Levels					
(a)	Student population	436,023	423,235	402,652	381,428
(b)	Number of students newly assessed to have SpLD	980	922	1,065	1,658
(c)	(b) ÷ (a) x 100%	*0.22%*	*0.22%*	*0.26%*	*0.43%*
Only Primary One					
(d)	Student population	63,774	60,497	54,123	50,362
(e)	Number of students newly assessed to have SpLD	149	215	297	497
(f)	(e) ÷ (d) x 100%	*0.23%*	*0.36%*	*0.55%*	*0.99%*

[1] Including Government, aided and direct subsidized schools.

DH statistics on number of cases for children assessed to have SpLD from 2003 to 2006:

Year	Children assessed to have SpLD		Total
	Student Health Service	**CAS**	
2003	106	602	708
2004	98	616	714
2005	106	730	836
2006	152	976	1,128
Total	462	2,924	3,386

13. According to some research[2], the percentage of school population with dyslexia (which accounts for over 80% of SpLD cases) in some countries, are as follows:

Italy	1.3 to 5%
Singapore	3.3%
Japan	6%
UK	6%
USA	8.5%

The available figures may not represent the real prevalence rate of SpLD in Hong Kong. There are studies on SpLD in Hong Kong, with some work on prevalence rate. We consider that EMB should, in consultation with DH, liaise with experts and stakeholders in this field to come to more realistic and accurate data for overall planning and provision of assessment and support services for children with SpLD, their parents and schools.

Parental Awareness

14. It is most important that parents are aware and have some understanding of SpLD, especially when it is a latent disorder and complicated by other disabilities. Parental awareness will facilitate early detection of SpLD. This is particularly important for preschool children and those who somehow "slip through" the OCT exercise (e.g. if they join the Hong Kong school system after primary one). Parents can be alerted to help their children instead of criticising (and worse, punishing) them for "misbehaviour". The longer the delay in identification, the more serious will be the children's learning difficulty. Correspondingly they may need more time for, and different types of, remedial services.

15. Parents need to know where to seek help. As SpLD may vary in seriousness and co-exist with other disabilities, assessment may have to be by different specialists and remedy with different services.

16. From our case studies, submissions from the public and our interview with a service institute, we find that parents in general lack awareness of SpLD and knowledge about the assessment services available.

[2] Hong Kong Specific Learning Difficulties Research Team website, (http://web.hku.hk/~hksld/homepage_e/Dyslexia_e3.html) searched on 22 September 2005.

EMB Assessment Service

Educational Psychology Service

17. EMB provides its Educational Psychology Service ("EPS") either through its own staff or since 2002/03 by outsourced members. In the school year 2005/06, one educational psychologist on average served 30 schools and had a caseload of 218 cases. Meanwhile, the average outsourced educational psychologist to school ratio is one in six with an average of 106 cases each. EMB monitors the performance of outsourced EPS through periodic progress reports and statistics on their services rendered to schools and students. EMB also conducts regular co-ordination meetings with outsourced educational psychologists and random inspections of schools served by them to ensure consistency in professional practice.

18. The number of educational psychologists in EPS has decreased:

School year	Number
2003/04	30
2004/05	27
2005/06	28
2006/07	27

There is an imbalance of workload in terms of number of schools and the average caseload they carry when compared with an outsourced educational psychologist.

Performance Pledge

19. EMB explains that "Assessment through Teaching" is a continuous process. It is, therefore, difficult to determine a time frame for the whole process. However, as there are already specific time frames in some stages (para. 10), we see no reason for not setting target time frames for the remaining stages.

20. For specialist assessment, there is no pledge for commencement and completion of the assessment by the educational psychologist after referral by a school. We also see no reason for not setting the pledge.

Assessment Reports

21. EMB provides parents with either an assessment report or a summary on request, at a fee for photocopying as the report is meant to facilitate communication between the educational psychologist and the school providing appropriate educational support to students with SpLD. Parents' understanding of their children's condition is crucial for their proper care and support. They have good reasons and the right to be fully informed of the result of assessment in layman terms, even if at a higher fee.

Transparency of Process

22. EMB does not tell parents what, and how, psycho-educational assessment will be conducted. Parents are kept completely in the dark. We believe that parents should be properly informed of the process.

Support to Teachers and Students

23. Teachers we interviewed have indicated problems in administering the OCT exercise. They need support in this. For the students, we are concerned that those assessed to have mild or marked learning difficulties but eventually not identified as having SpLD have adequate and suitable support for their effective learning at school.

DH Assessment Service

Performance Pledge

24. There is no performance pledge for the Student Health Service to complete assessment of new cases within a definite time frame.

Assessment Reports

25. The clinical psychologist's report to the educational psychologist is very informative. It should be provided to the parents and the school on request.

Inter-departmental Co-ordination

Clearer definition of responsibilities between EMB and DH

26. DH provides comprehensive health developmental surveillance services for children from birth to school age. It assessed 1,128 cases in 2006 (compared with 1,658 cases assessed by EMB in the school year 2005/06) comprising more than a third of the combined total. In this context, it is an important service provider and has a significant part to play.

27. Clearer definition of responsibilities between EMB and DH will enable parents and teachers to understand better what, and where, services are available. EMB already has a leading role in assessing all students from primary one onwards in public sector schools. Meanwhile, DH runs a comprehensive service for children before school age and has been diagnosing some with co-morbid condition. We consider that, ideally, identification of SpLD should cover all children of preschool age for early intervention.

Co-ordination in Assessment Services

28. The present co-ordination between EMB and DH ensures that assessment tests on the same child are not duplicated and the assessment reports are shared. Their half-yearly liaison meetings serve as a valuable forum to enhance inter-departmental co-ordination on operational matters. However, we suggest that the scope of these meetings be extended to cover such major matters as clearer delineation of responsibilities and measures for closer co-operation and collaboration.

Collation of statistics

29. At present, EMB and DH keep separate statistics on cases assessed to have SpLD. Moreover, they adopt different counting methods and reporting years. There is a strong case for EMB and DH to align their statistical compilation and consolidate common figures for public consumption and overall planning of services.

Co-ordination in publicity

30. Given the low level of awareness and even lower understanding of SpLD among parents (para. 16), and even in the school sector, greater efforts must go into publicity and public education. In view of the inter-disciplinary nature of SpLD, EMB and DH should join forces in this respect.

Co-ordination with NGOs

31. The burden of responsibilities for services rests on the two Government agencies, especially EMB. With the commitment and contribution of NGOs in their mission to help children with learning difficulties, this could and should be shared with NGOs.

Recommendations

32. We appreciate the efforts of both EMB and DH in implementing improvement measures since April 2005, as a positive response to our investigation. There is still considerable scope for further advances. In this context, The Ombudsman makes the following recommendations for EMB and DH with two for the central Administration:

Assessment Criteria

(1) EMB, in consultation with DH, to liaise and work with experts and stakeholders in this field, to review the assessment criteria and to come to more realistic and accurate data.

Enhancing Parents' Awareness

(2) To work more closely with NGOs to raise parents' awareness of SpLD.

(3) To consider establishing a one-stop service to disseminate co-ordinated and comprehensive information to parents and teachers.

(4) To conduct a survey on the level of general awareness of SpLD and the effectiveness of publicity.

(5) To launch enhanced publicity to strengthen parents' awareness of the available assessment services.

Improving Inter-departmental Co-ordination

Co-ordination in assessment services

(6) To extend the scope of the liaison meetings between the two departments.

Collation in statistics

(7) To align in statistical compilation and consolidate common figures for public consumption.

Co-ordination in publicity

(8) To join forces for a co-ordinated strategy to enhance awareness of SpLD and the various assessment services in the public sector.

Improving Co-ordination with NGOs

(9) To review how best Government can foster and enhance co-operation with NGOs in identifying and supporting children with SpLD.

Improving EMB Service (For EMB action)

Performance Pledge

(10) To set target time frames for –

(i) the remaining three stages of the "Assessment through Teaching"; and

(ii) the commencement and completion of assessment by the educational psychologist after referral by school or others.

Educational Psychology Services

(11) To review critically both the work and modus operandi of its EPS, including the scope for further outsourcing.

(12) To review the adequacy of the current monitoring of the performance of outsourced EPS

Assessment Reports

(13) To provide, on request, both the parents and the schools concerned with assessment reports in full in terms that can be understood by lay persons.

Transparency of Process

(14) To inform parents properly about the assessment process.

Support to Teachers

(15) To continue to collect views regularly from teachers for improvement and help them resolve their difficulties in the implementation of the OCT exercise.

Improving DH Service (For DH action)

Performance Pledge for Student Health Service

(16) To work out a target completion date for assessment for SpLD by the Student Health Service.

Assessment Reports

(17) To provide, on request, the parents and the schools concerned with a detailed assessment report.

(18) To continue diagnosing preschool children with co-morbid condition.

Clearer definition of responsibilities between EMB and DH (for central Administration's action)

(19) To work out clearer definition of responsibilities between EMB and DH to enable parents and teachers to have better understanding of what, and where, services are available.

(20) To examine the feasibility of identifying SpLD among preschool and kindergarten children for early intervention.

Comments from EMB and DH

33. EMB and DH have commented on our draft investigation report. We have, where appropriate, incorporated their comments into this final report.

34. EMB considers that our investigation has examined the issue of assessment "in a narrow sense, i.e. assessment for diagnosis only".

35. DH emphasizes that problems surface only in the process of learning. In this context, it is ready to provide professional support or advice to assist EMB in the timely identification of SpLD cases within the education setting.

Final Remarks

36. The focus of our investigation is to examine the initial assessment of children for SpLD. We acknowledge that the assessment process is a continuum, best to begin at home and be followed up in school.

37. We also agree that SpLD is first an education issue and that EMB should take a leading role in identifying and helping children with SpLD. The exact division of responsibilities between EMB and DH involves resource availability and allocation. This is a policy consideration and a matter for the Administration.

38. We will monitor the implementation of our recommendations and look forward to their continued cooperation to our further study into support service for these children.

Acknowledgements

39. The Ombudsman sincerely thanks those who have provided assistance in our investigation, including EMB and DH, personnel of primary schools and NGOs, and certainly parents of children with SpLD.

Office of The Ombudsman
March 2007

Annex
(Paragraph 5)

Some types of SpLD

(a) Dyslexia, a problem in reading and writing caused by difficulty in seeing the difference between letter or character shapes.

(b) Mathematics disorder whereby the individual has significant difficulties with concepts of number, quantities and computation not explained by general intellectual cognitive difficulties such as mental delay.

(c) Specific language impairment[3] whereby the individual exhibits linguistic deficits affecting different aspects of linguistic performance, such as phonology (speech sounds), semantics (meaning), grammar and so on.

(d) Dyspraxia (developmental co-ordination disorder) whereby the individual has difficulties in gross and fine motor execution, in postural control and balance, and is often described as "clumsy".

(e) Visual spatial organization and perceptual disorders[4] whereby the individual has difficulties in understanding spatial relations, left/right concepts, and in perceptual organization of nonverbal output (including for drawing and handwriting).

(f) Central auditory processing disorder[5] whereby the individual has difficulties in processing and remembering language-related tasks.

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[3] "Dyslexia and other Specific Learning Disabilities", Dr Catherine Lam from DH, in the web (http://www.fmshk.com.hk/hkmd/may2001/sf20010504.htm) searched on 27 September 2005.

[4] Ditto.

[5] Learning Disabilities Association of America web, (http://www.ldaamerica.us/aboutld/parents/ld_basics/print_ld_asp) searched on 14 February 2006.

A few real life examples from case studies

- <u>Visual and spatial weakness</u>
  The alphabet "b" is seen as "d", "p" as "q", "u" as "n", "cousin" as "nisuoc",「醒」as「星酉」and「村」as「寸木」.

- <u>Difficulties in differentiating phonologically similar words</u>
  A child makes mistakes in dictation with words phonologically similar to the target words such as「評」becomes「平」,「克」becomes「黑」and「鋒」becomes「風」.

- <u>Difficulties in recognizing words</u>
  A child commits errors in reading with comprehension of words that are of associative or semantic type such as「爭吵」becomes「爭嘈」,「秩序」becomes「規矩」,「痊愈」becomes「感染」,「時候」becomes「時間」and「參加」becomes「比賽」.

- <u>Difficulties in orderly reading</u>
  A child has difficulties in reading texts line by line. When he finishes reading the first line, he would jump to the third line.

  <u>Difficulties in orderly writing</u>
  A child has difficulties confining a Chinese character within the grid.

- <u>Difficulties in memory retention</u>
  A child has short memory recall for the written word, and can completely forget vocabulary thoroughly reviewed just a few days ago.

LEGEND OF ABBREVIATIONS

CAC	Child Assessment Centre
CAS	Child Assessment Service
DH	Department of Health
EMB	Education and Manpower Bureau
EPS	Education Psychology Service
NGOs	Non-government organizations
OCT	Observation Checklist for Teachers
SpLD	Specific Learning Difficulties

1

INTRODUCTION

BACKGROUND

1.1 Specific learning difficulties ("SpLD") are a class of condition, occurring in a child of average or above average intelligence, characterized by a significant delay in one or more areas of learning. Despite adequate intelligence and education opportunities, children with SpLD often have problems with one or more of the basic processes used in understanding or using spoken or written language, such as:

- listening
- speaking
- reading
- writing
- reasoning
- mathematical calculations

Over the years, the Office of The Ombudsman has received a number of complaints about the assessment of children with SpLD and the lack of support services for them. Parents of many affected children are ignorant about what services are available, who provide them or how and how far they are delivered. A survey[1] conducted by a non-government organization ("NGO") indicated that Government assistance to students with SpLD was inadequate.

1.2 There are no official statistics on the number of children with SpLD in Hong Kong. It has been reported that, the total number of students with SpLD in both primary and secondary schools in Hong Kong was estimated to be in the region of 50,000 to 90,000[2]. This suggests that the number of primary school students with

[1] "「學生讀寫障礙問題」教師意見調查 ", Hong Kong Christian Service, June 2004.

[2] Press release of 23 January 2005 on the aforesaid survey by Hong Kong Christian Service.

SpLD might far exceed the official aggregate figure released by the Education and Manpower Bureau ("EMB"), of 4,625 primary school students identified to have SpLD over the four school years from 2002/03 to 2005/06.

1.3 With appropriate training, a child with SpLD can learn or be assisted to bypass his gateway difficulties. Assessment of children for SpLD is therefore important to establish whether there is a problem and if so, what support and services are required.

1.4 The Ombudsman is concerned whether Government has systems and procedures in place to ensure timely identification of these children and adequate assistance for them, their parents and their teachers.

1.5 Against this background, The Ombudsman decided to initiate a direct investigation under section 7(1)(a)(ii) of The Ombudsman Ordinance, Cap 397. On 3 August 2005, the Permanent Secretary for Education and Manpower and the Director of Health were informed.

AMBIT

1.6 This direct investigation examines the administrative arrangements of EMB and the Department of Health ("DH") to identify and assess children with SpLD. More specifically, focus is on the following areas:

(a) assessment services by EMB and DH for identifying children with SpLD from kindergarten to primary six;

(b) the respective roles of EMB and DH in such activities;

(c) co-ordination in assessment services –
  (i) within Government; and
  (ii) between Government and non-government organizations;

(d) efficiency and effectiveness of the current mechanism; and

(e) action by Government to enhance public awareness of SpLD, particularly among parents and teachers.

1.7 We plan to conduct a follow-up investigation to examine the support services, including special examination arrangements, for students with SpLD.

METHODOLOGY

1.8 For this study, we examined documents and reference material on the subject, including:

(a) departmental circulars;

(b) assessment documents such as –
  (i) dyslexia protocol flowchart from DH;
  (ii) assessment checklists from EMB and the Hong Kong Specific Learning Difficulties Research Team[3]; and
  (iii) anonymized assessment reports from EMB and DH;

(c) publicity and educational materials such as leaflets and pamphlets issued by EMB and DH for the public; and

(d) teaching and learning resources on SpLD for primary schools provided by EMB.

1.9 We also consulted some NGOs. Between September and October 2005, we visited two organizations, namely:

(a) the Hong Kong Association for Specific Learning Disabilities, being a self-help NGO for parents; and

(b) Manulife Centre for Children with Specific Learning Disabilities, an institute providing assessment and support services for children with SpLD, sponsored by a charitable foundation.

1.10 From October to December 2005, we interviewed:

(a) ten parents, referred by these two organizations, whose children were assessed in the past five years to have SpLD, and they consented to The Ombudsman disclosing in anonymized form the process of their children's assessment for SpLD; and

(b) 62 primary school personnel (including school principals, teachers, student guidance teachers, school-based educational psychologists and school social workers) from 13 schools referred by EMB, randomly selected from "Primary School Profiles 2005", or referred by the

[3] Hong Kong Specific Learning Difficulties Research Team comprises members from local tertiary institutions who are experts in the subject of SpLD and two experienced educational psychologists from EMB.

parents interviewed.

1.11 In November 2005, our investigators attended a seminar "SpLD: Current Issues and Practices", organized by EMB for workers in the fields of education, developmental paediatrics, rehabilitation, administration and others concerned with the subject. The seminar covered aspects in the understanding of SpLD; identification, assessment and intervention; implication for policy; and the importance of an integrated educational approach. Our participation in the seminar not only enabled us to understand more about SpLD but gave us first hand information on training programmes offered by EMB.

1.12 At the press conference on 1 September 2005 to declare this direct investigation, The Ombudsman appealed for public comments and suggestions from 1 September to 3 October 2005. Written submissions were received from three individuals and from the Hong Kong Association for Specific Learning Disabilities.

ACKNOWLEDGEMENTS

1.13 We acknowledge and sincerely thank those who have provided their firm support and valuable views in the course of our direct investigation:

(a) the Permanent Secretary for Education and Manpower and his staff, for their assistance throughout this investigation;

(b) the Director of Health and his staff, for their assistance throughout this investigation;

(c) the Hong Kong Association for Specific Learning Disabilities, for their information and views on the subject and referring parents to us for interview;

(d) Manulife Centre for Children with Specific Learning Disabilities, for their information and views on the subject and referring parents to us for interview;

(e) the ten parents, for accepting our interviews and giving consents to our disclosing in anonymized form the process of their children's assessment for SpLD;

(f) the 62 primary school personnel (including school principals, teachers, student guidance teachers, school-based educational psychologists and school social workers) from 13 schools, for their information and views on the subject; and

(g) the three individuals, for their views on the subject in response to our public appeal for comments and suggestions.

1.14 Our gratitude is due also to Heep Hong Society for providing copies of its poster on SpLD for use in this direct investigation for illustration in general and for display at the announcement of the results of this direct investigation.

INVESTIGATION REPORT

1.15 On completion of this direct investigation, we sent the draft report on 7 March 2007 to the Permanent Secretary for Education and Manpower and the Director of Health for comments. These were received on 28 March 2007. This final report was issued on 31 March 2007.

2

UNDERSTANDING SPLD

WHAT IS SpLD?

2.1 There are many different types of SpLD. Dyslexia and dyspraxia are the two most commonly seen problems. The following list illustrates the diversity of this handicap and is by no means exhaustive:

(a) dyslexia, a problem in reading and writing caused by difficulty in seeing the difference between letter or character shapes;

(b) mathematics disorder whereby the individual has significant difficulties with concepts of number, quantities and computation not explained by general intellectual cognitive difficulties such as mental delay;

(c) specific language impairment[4] whereby the individual exhibits linguistic deficits affecting different aspects of linguistic performance, such as phonology (speech sounds), semantics (meaning), grammar and so on;

(d) dyspraxia (developmental co-ordination disorder) whereby the individual has difficulties in gross and fine motor execution, in postural control and balance, and is often described as "clumsy";

(e) visual spatial organization and perceptual disorders[5] whereby the individual has difficulties in understanding spatial relations, left/right concepts, and in perceptual organization of nonverbal output (including for drawing and handwriting); and

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[4] "Dyslexia and other Specific Learning Disabilities", Dr Catherine Lam from DH, in the web (http://www.fmshk.com.hk/hkmd/may2001/sf20010504.htm) searched on 27 September 2005.
[5] Ditto.

(f) central auditory processing disorder[6] whereby the individual has difficulties in processing and remembering language-related tasks.

2.2 EMB and DH define SpLD similarly, though from different perspectives. In fact, educational psychologists from EMB and clinical psychologists from DH use the same set of assessment tools, such as "The Hong Kong Test of Specific Learning Difficulties" for the assessment of SpLD.

2.3 EMB defines SpLD from the educational perspective. Children with SpLD have serious and persistent difficulties with learning to read and spell or write, despite having had normal instruction and learning opportunities. This may be accompanied by weaknesses in memory and slower speed in information processing, phonological processing, visual and auditory skills, concentration, sequencing skills and organization.

2.4 DH defines SpLD as a heterogeneous group of disorders such as dyslexia and mathematics disorder. Irrespective of their intelligence and educational opportunities, children with SpLD have significant difficulties with the acquisition and use of one or more of the following abilities: listening, speaking, reading, writing, reasoning and mathematical appreciation. Over 80% of SpLD cases are associated with dyslexia. Other less common cases include mathematics disorder. The main feature of dyslexia is a specific and significant impairment in the development of reading skills that is not accounted for by mental age, visual acuity problems or inadequate schooling. Word recognition skills, reading comprehension skills, oral reading skills and performance of tasks requiring reading may all be affected. Difficulties with spelling from dictation are frequently found to be an associated feature, and may well persist into adolescence even after some progress in reading has been made.

DIFFICULTIES IN LEARNING

2.5 The difficulties in learning encountered by children with SpLD can be illustrated by a few real life examples from our case studies:

- Visual and spatial weakness
  The alphabet "b" is seen as "d", "p" as "q", "u" as "n", "cousin" as

[6] Learning Disabilities Association of America web, (http://www.ldaamerica.us/aboutld/parents/ld_basics/print_ld_asp) searched on 14 February 2006.

"nisuoc",「醒」 as「星酉」and「村」as「寸木」.

- <u>Difficulties in differentiating phonologically similar words</u>
  A child makes mistakes in dictation with words phonologically similar to the target words such as「評」becomes「平」,「克」becomes「黑」and「鋒」becomes「風」.

- <u>Difficulties in recognizing words</u>
  A child commits errors in reading with comprehension of words that are of associative or semantic type such as「爭吵」becomes「爭嘈」,「秩序」becomes「規矩」,「痊愈」becomes「感染」,「時候」becomes「時間」and「參加」becomes「比賽」.

- <u>Difficulties in orderly reading</u>
  A child has difficulties in reading texts line by line. When he finishes reading the first line, he would jump to the third line.

- <u>Difficulties in orderly writing</u>
  A child has difficulties confining a Chinese character within the grid.

- <u>Difficulties in memory retention</u>
  A child has short memory recall for the written word, and can completely forget vocabulary thoroughly reviewed just a few days ago.

2.6 For illustration, a poster on SpLD by courtesy of Heep Hong Society is at **Annex 1**.

3

Assessment of SpLD

EMB ASSESSMENT SERVICES

3.1 EMB policy on students with special educational needs aims for early identification and intervention. The prime objective of assessment is to identify students with learning difficulties, including SpLD, so as to provide appropriate support for learning and to facilitate the adaptation of teaching strategies and curriculum for their benefit.

3.2 In 1985, the then Education Department compiled a checklist and sent it to schools at the end of that school year in June, to facilitate teachers' identification of primary one students suspected of having significant learning difficulties (including SpLD). As early intervention is the key to success in meeting students' special educational needs, EMB has since September 2004 advanced the identification exercise to the beginning of primary one. A set of norm-referenced[7] Observation Checklists for Teachers ("OCT") has been developed by EMB and put into use since for all primary schools.

"Assessment through Teaching"

3.3 Schools and teachers have an important role in identifying students with SpLD. With screening tools provided by EMB, identification and intervention

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[7] It compares a primary one student's score in the OCT against the scores of 1,831 primary one students selected through stratified random sampling who have already taken the same OCT.

are conducted in stages of a process of "Assessment through Teaching" applicable to all primary schools:

(a) In September, with the start of primary one, teachers observe students' performance.

(b) Every year, between early December and early January of the following year, teachers complete the OCT.

(c) After mid-January, a special team comprising the principal, deputy principal, curriculum development teacher and student guidance teacher analyzes results of the OCT and identifies students with learning difficulties.

(d) With advice from EMB Psychologist Assistants, teachers further assess students identified in (c) by using "The Hong Kong Specific Learning Difficulties Behaviour Checklist" and other psycho-educational tests with a view to assessing the degree of learning difficulties.

(e) Students assessed in (d) to have marked learning difficulties are referred to educational psychologists for further assessment. Those confirmed to have SpLD receive additional support set out in (g). Those who have marked learning difficulties (but not assessed to be SpLD) are provided with additional remedial support through the Intensive Remedial Teaching Programme at school.

(f) For students assessed in (d) to have mild learning difficulties, the school will determine with advice from EMB Psychologist Assistants the appropriate support services, including adaptation of teaching strategies and curriculum. It will review the progress of the students after intervention for one school term. Students who continue to show severe learning difficulties despite this initial intervention will be referred to EMB or outsourced educational psychologists for an individual psychological assessment at primary two, in order to ascertain the nature of their learning difficulties and the requisite intensive remedial support.

(g) Students assessed to have SpLD receive additional funding and professional support to cater for their special needs. Their responses are reviewed regularly.

3.4 For students who have not been assessed by OCT (e.g. those admitted after the annual OCT exercise has completed) but are suspected by the school to have SpLD, teachers use the assessment tools described in para. 3.3(d) for identification.

3.5 To facilitate the implementation of the assessment procedures, EMB

has provided training and support to primary one teachers and members of the special team (para. 3.3(c)) through annual seminars, workshops and on-site consultation visits.

3.6 Since we indicated our intention to initiate this direct investigation in April 2005, EMB has initiated improvement measures to supplement those already in the pipeline. These improvement measures include the extension of the application of the professional assessment tool "The Hong Kong Test of Specific Learning Difficulties" to cover all primary levels, instead of only primary one to four; and the revamping of teachers' special education training to enhance their awareness of SpLD. Furthermore, we note that in September 2006 the Hong Kong Jockey Club Charities Trust sponsored a five-year project on SpLD. This project will embark on tasks including developing and fine-tuning tools for identification, assessment and support for students with SpLD.

Educational Psychology Service

Scope of Service

3.7 Educational psychologists play a key role in the assessment of and support for children with SpLD. This professional service is provided by EMB under its Educational Psychology Service ("EPS") either through its own staff or outsourced members. For assessment, these educational psychologists collaborate with tertiary institutions to develop screening and assessment tools and teaching resources. They also provide assessment services direct to schools. Furthermore, they provide support services to the children (para. 3.3(g)), details of which will be examined in our follow-up investigation on support services for children with SpLD.

3.8 EMB has 27 to 30 educational psychologists[8], serving all 840 primary and secondary schools in public sector (i.e. Government and subsidized). In the school year 2005/06, one educational psychologist on average served 30 schools and had a caseload of 218 cases, though the educational psychologists are usually assisted by psychologist assistants[9].

Outsourced Educational Psychology Service

[8] According to EMB, there were 30 EMB educational psychologists in 2003/04, 27 in 2004/05, 28 in 2005/06, and 27 in 2006/07.

[9] According to EMB, there were 19 psychologist assistants in 2003/04, 18 in 2004/05 and 2005/06, and 19 in 2006/07.

3.9 EMB is progressively outsourcing the EPS, starting with 25 primary schools in 2002/2003, increasing to 102 primary schools in 2005/2006, and rising to some 200 by 2007/08. The average educational psychologist to school ratio is one in six, with an average caseload of 106 cases each in the school year 2005/06.

3.10 EMB educational psychologists monitor the performance of outsourced EPS as follows:

(a) Quality of service – Outsourced EPS providers are to submit to EMB annual work plans, including time allocation of their services to each target school, and six-monthly progress reports, with statistics on the services rendered to each school during the period.

(b) Timeliness of service delivery – In this connection, EMB monitors the outsourced EPS providers through statistics on the total number of students assessed or supported mentioned in the six-monthly progress reports. An outsourced educational psychologist visits a target school three to four times a month and the waiting time for urgent cases is within two weeks from referral.

(c) Consistency of practice – Educational psychologists in both EMB and outsourced EPS use the same set of standardized psychometric assessment tools. EMB conducts regular staff development programmes and initiates co-ordination meetings with outsourced educational psychologists to ensure consistency in professional practices.

3.11 EMB educational psychologists conduct random inspections of schools served by outsourced EPS to ensure its professional standard and regulations in accordance with the Code of Professional Conduct of the Hong Kong Psychological Society. Outsourced educational psychologists are expected to visit target schools regularly and respond to referrals and requests promptly.

3.12 EMB stated that an evaluation study on the satisfaction level of stakeholders comprising school heads, teachers and student guidance personnel from the 25 schools participating in the first batch of outsourced EPS was carried out by a local tertiary institution in 2005. It found an overall rating of 4.48 in a 5-point scale and a rating of 4.36 specifically on "handling case referrals within a reasonable time-span". EMB has commissioned an overseas consultant to conduct a review on the outsourced EPS in December 2006, with completion expected by mid 2007.

Assessment Reports

3.13 Before assessment by an educational psychologist (see steps (e) and (f) under paragraph 3.3), parental consent must be secured. After assessment, the educational psychologist usually explains the findings to teachers and parents in a case conference. EMB explains that the report is meant to facilitate communication between the educational psychologist and the school providing appropriate educational support to students with SpLD. Hence, EMB does not provide an assessment summary or written report unless the parents concerned so request and pay the photocopying fees. A sample of an assessment report, anonymized, from EMB is at **Annex 2**.

EMB Statistics

3.14 Statistics on **primary one** students of mainstream public sector schools[10] identified with learning difficulties in the OCT exercises conducted in school years 2004/05 and 2005/06 are set out below:

	(A)	(B)	(C)		(D)		(E)		(F)	
	Total covered by OCT exercise	Number subject to completion of OCT	Number with no learning difficulties		Number with mild learning difficulties		Number with marked learning difficulties		SpLD among those with marked learning difficulties	
			(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
			Number	% (C)(1) ÷ (B)	Number	% (D)(3) ÷ (B)	Number	% (E)(5) ÷ (B)	Number	% (F)(7) ÷ (E)(5)
2004/05	54,123	11,551	7,672	66.42	2,068	17.90	1,811	15.68	297	16.40
2005/06	50,362	11,081	6,277	56.65	2,493	22.50	2,311	20.85	497	21.51

Source: EMB

Notes:
Column (A): The figure represents the total number of primary one students in the mainstream public sector schools. Para. 3.3(a) refers.

Column (B): Most schools completed the OCT only for students whose learning caused concerns, but some schools completed the OCT for all of their primary one students. Para. 3.3(b) refers.

[10] Including Government, aided and direct subsidized schools, but excluding private and special schools.

Column (C): This is the number of students identified with no learning difficulties upon analysis of the results of the OCT. Para. 3.3(c) refers.

Column (D): Para. 3.3(f) refers.

Column (E): Para. 3.3(e) refers.

Column (F): This represents the number of students with marked learning difficulties who are identified as having SpLD after detailed assessment by educational psychologists. Para. 3.3(e) refers.

3.15 The numbers of students in all mainstream public sector schools newly assessed to have SpLD from 2002/03 to 2005/06 (with breakdown for primary one) are set out below:

		2002/03	2003/04	2004/05	2005/06
	All Primary Levels				
(a)	Student population	436,023	423,235	402,652	381,428
(b)	Number of students newly assessed to have SpLD	980	922	1,065	1,658
(c)	(b) ÷ (a) x 100%	*0.22%*	*0.22%*	*0.26%*	*0.43%*
	Only Primary One				
(d)	Student population	63,774	60,497	54,123	50,362
(e)	Number of students newly assessed to have SpLD	149	215	297	497
(f)	(e) ÷ (d) x 100%	*0.23%*	*0.36%*	*0.55%*	*0.99%*

Source: EMB

Performance Pledge

3.16 EMB explains that the process of "Assessment through Teaching" commences without having to wait for specialist assessment. It is a continuous process: *observation – consultation – intervention – review – informal / formal assessment – review.* It is, therefore, difficult to determine a time frame for the whole process and so there is no pledge for its completion.

3.17 For specialist assessment, the educational psychologist usually starts to provide services within one month upon receipt of referral from the school. There is no pledge for completion of the assessment.

DH ASSESSMENT SERVICES

3.18 DH's major objectives in assessment are to diagnose children presented to them, provide rehabilitation prescriptions and refer the children to relevant parties as appropriate (see para. 3.23) for remedy, special therapy and education, and social support. DH considers itself to play a supplementary role in the identification and diagnosis of SpLD.

3.19 ***Family Health Service.*** Nurses of the Service, trained in childhood development, conduct six routine interviews for all children from their birth to the age of five. Any child suspected of having developmental or learning problems is referred to the Child Assessment Service ("CAS") (para. 3.23) for further evaluation.

3.20 When we notified DH of our intention to declare this direct investigation, it had already planned a number of improvement measures to be introduced for enhancing identification and referral:

(a) Since late 2004, individual Maternal and Child Health Centres have organized briefing sessions on their services for preschool teachers in the area.

(b) During the second half of 2005, several training courses were organized, as part of the pilot Comprehensive Child Development Service, to assist preschool teachers in timely identification of children with developmental, learning and behavioural problems for speedy referral to DH. Standard procedures for preschool teachers to refer suspected cases of developmental or behavioural problems to Maternal and Child Health Centres for assessment have also been on trial since July 2005. These procedures are now under evaluation.

3.21 ***Student Health Service.*** This Service aims to track the health condition of all students throughout their school life. It provides free annual health assessment in its Student Health Service Centres for all primary and secondary school students joining the service and in its Special Assessment Centres for those having health problems. Students/parents are asked if they/their children have any problems related to learning. For suspected cases of SpLD, further psychosocial health and psychological assessments are conducted by the Special Assessment Centre. The waiting time for psychosocial health assessment is about six to eight weeks and, for psychological assessment, five weeks. Students thus diagnosed to have SpLD are referred to their school for direct support.

3.22 Since the school year 2005/06, a "Triage System" has been introduced in the Service to streamline referral procedures and avoid delay in the assessment and intervention for students with SpLD:

(a) Students with a high or medium index of suspicion for SpLD *with* co-morbid condition[11] will be referred to CAS. Those *without* such condition would be assessed in the Special Assessment Centre.

(b) Students with a low index of suspicion for SpLD, and their parents, will be counselled on support services available.

3.23 ***Child Assessment Service.*** CAS provides multidisciplinary assessment services[12] for children up to age 12 with developmental problems. There are seven Child Assessment Centres ("CACs")[13]. Upon referral from registered doctors or psychologists, a nurse will conduct a preliminary interview. A team conference then decides on the kind of assessment to be given. On completion of assessment, the case is referred to the suitable service(s), such as occupational therapy, physiotherapy and speech therapy under the Hospital Authority and/or EMB. DH gives parents, at the first appointment, a pamphlet "Rainbow Book" to explain the general assessment process.

3.24 Apart from reports to the referring professionals and others providing support to the child's school[14], CAS provides a summary assessment report to the parent and, with the parent's consent, the school concerned. The summary assessment report contains diagnosis results in:

- intelligence;
- reading and writing ability;
- ability to maintain attention level; and
- language ability.

It also contains diagnosis and recommendations. A sample of a summary assessment report for the parent and the school from DH is at **Annex 3**.

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[11] Such as attention deficit or hyperactive disorder and developmental co-ordination disorder.

[12] A multidisciplinary assessment team comprises paediatrician, public health nurse, medical social worker, clinical psychologist, audiologist, optometrist / orthoptist, physiotherapist, occupational therapist and speech therapist.

[13] These are located in Mong Kok, Central Kowloon, Fanling, Kwai Chung, Kwun Tong, Shatin and Tuen Mun. There is an additional CAC in an institution under the management of the Hospital Authority.

[14] CAS provides a reply report to the referring doctor or psychologist and full professional and technical reports to professionals who are expected to provide direct support to the child's school, including EMB's or outsourced educational psychologist.

DH Statistics

3.25 Statistics on the number of cases for children assessed to have SpLD from 2003 to 2006 are set out below:

Year	Children assessed to have SpLD		Total
	Student Health Service	CAS	
2003	106	602	708
2004	98	616	714
2005	106	730	836
2006	152	976	1,128
Total	462	2,924	3,386

Source: DH

Performance Pledge

3.26 CAS has the following performance pledges:

(a) First appointment for new client -- within three weeks of referral for all cases.

(b) Completion of assessment -- six months for 90% of all new cases presented to CAS.

Its achievement in the past four years is shown below:

Year	Pledge (a) (Appointment within 3 weeks)	Pledge (b) (Assessment completed in 6 months)
2003	100%	90%
2004	100%	96%
2005	100%	95%
2006	100%	94%

Source: DH

CO-ORDINATION

Inter-departmental Co-ordination in Assessment Services

3.27 DH considers SpLD to be a group of disorders to be dealt with through education remedies. Children with SpLD should be assessed and supported within the education sector. Parents should, therefore, approach the child's school, which would, in turn, seek support from EMB.

3.28 EMB considers that, in the school setting, parents may discuss their concern with the school. Assessments conducted for students by EPS, in-house or outsourced, aim to adjust teaching and improve learning. However, parents of children under the age of 12 may choose to approach CAS via registered doctor or psychologist referrals for medical and diagnostic assessment. As for preschool children, parents should approach DH direct for assessment.

3.29 According to EMB and DH, where a child has been assessed by one party, the other party (if its service is needed) will request, with the parents' consent, the assessment report from the assessing party. EMB and DH have agreed not to repeat assessment for the same child.

3.30 A referral system has been established between EMB and DH whereby CAS and the Student Health Service of DH will refer students assessed to have SpLD to EMB for educational services.

3.31 Since 1998, there have been meetings between EMB and DH to share information on assessment protocol and services available. Half-yearly liaison meetings are now held to discuss logistic issues on SpLD. Two main issues discussed in the meetings held in the past two years are the logistics on the sharing of assessment reports, and the irregularity that some primary schools referred children to CAS instead of EPS for assessment.

Co-ordination with NGOs

3.32 There are a number of NGOs that provide assessment or specific support to children with SpLD and their parents. For assessment of SpLD, educational psychologists working in NGOs use the same set of assessment tools used by EMB and DH, such as "The Hong Kong Test of Specific Learning Difficulties". DH and schools accept such assessment reports from NGOs.

3.33 In 2002, in collaboration with the Hong Kong Specific Learning Difficulties Research Team (para. 1.8(b)(ii)), EMB developed the screening and assessment tool "The Hong Kong Specific Learning Difficulties Behaviour Checklist" for primary school students. In 2005, together with the Team, EMB arranged an experience-sharing conference with all local psychologists in using various existing assessment tools to enhance the consistency of assessment of SpLD. EMB liaises regularly with school-based educational psychologists employed by NGOs to ensure standard and consistency in the professional practice. EMB also meets regularly with NGOs concerned with SpLD, including the Hong Kong Association for Specific Learning Disabilities, to offer advice and assistance.

3.34 DH disseminates information about support services provided by NGOs to parents of children with SpLD. DH refers parents to NGOs for assistance and support where necessary. DH also participates in working meetings, joint seminars and workshops organized by NGOs.

4

ENHANCING AWARENESS

IMPORTANCE OF AWARENESS

4.1 Parents, being the prime carers of children at home, are well placed to notice any problems their children may have in learning, especially in the early age. Parents' ignorance about SpLD may lead them unwittingly to dismiss their children's SpLD merely as problems of misbehaviour, laziness or lack of intelligence. As a result, wrong corrective measures may be applied and request for professional help delayed. It is crucial, therefore, that parents are aware of the existence of learning difficulties among children to enable earliest possible detection where due.

4.2 In school, a number of personnel are pivotal to the identification of and support for students with SpLD.

- ***Class and subject teachers,*** in particular those for language and mathematics, are often the first to find learning differences manifested by students.

- ***Student guidance teachers*** provide developmental, preventive and remedial services to help students in holistic development and life-long learning. They give individual and group counselling service to students identified to have special needs. They also establish mechanisms for internal and external referral of all students in need of support and specific services, including those with special educational needs. These teachers are likely to be the first persons approached by parents, and class or subject teachers, who suspect a problem with the children but do not quite know what it is.

- ***School social workers*** provide a wide range of services for all students to help them achieve healthy personal growth, establish harmonious relationship and develop community concern. They also give professional support to student guidance teachers and serve as an important link between the school and parents.

- Support from ***school principals*** for the above personnel is vital because identification of and assistance to students with SpLD will necessitate follow-up action, e.g. teaching and examination adjustments.

4.3 It is, therefore, imperative that the public, particularly parents and school personnel, be imparted with basic information about SpLD: its characteristics, typical manifestation, positive attitude towards children with SpLD and services for them.

EMB ACTIONS

4.4 Government activities to enhance public awareness of SpLD are mainly undertaken by EMB, with the emphasis on school teachers.

(a) ***Teachers***. In the school year 2004/05, over 2,000 teachers participated in territory-wide and district-based seminars organized by EMB to enhance their awareness of SpLD and support to students with SpLD. Moreover, EMB commissioned two tertiary institutions to conduct three training courses for teachers on special educational needs, lasting for 10, 30 and 120 hours each. 1,891 teachers participated. In 2004/05, 5,889 teachers participated in six theme-based training courses (including one specifically on SpLD with 959 participants). Further, Hong Kong Institute of Education offered a two-level Professional Development Course for Teachers (with 30 hours in Level 1 and 90 hours in Level 2) on "Catering for Diverse Needs" to enrich their understanding and skills on students with special educational needs, including those with SpLD. In addition, EMB commissioned a series of four 42-hour professional development programmes for teachers. So far, 90 teachers from 66 primary schools attended.

In the school year 2005/06, apart from 14 territory-wide seminars, workshops and courses on SpLD for about 2,750 teachers, EMB also organized 49 district-based workshops between May and July 2006 with emphasis on teaching students with SpLD. 1,540 teachers attended.

(b) ***Parents***. EMB conducts training on a regular basis for parents of students assessed to have SpLD. In the school year 2005/06, over 3,200 parents participated in the training organized by EMB. This included regional, district and school-based talks, seminars or workshops, as well as briefing sessions and workshops for parents to help children improve their phonic skills and vocabulary.

(c) ***General Public***. EMB officers take part in public forums, radio and television programmes and media interviews to promote awareness of SpLD. The website of its Special Education Resources Centre, in operation since September 2001, serves as an open forum for sharing views and concerns. It also provides updates and information on activities to enhance public understanding of SpLD.

DH ACTIONS

4.5 DH does not organize public education campaign on SpLD, as it sees this to be EMB's purview. Nevertheless, individual services of DH do conduct activities that help enhance public (including parental) awareness of SpLD.

(a) ***Family Health Service***. Parents are provided with information on normal development and warning signs in leaflets on child development and during routine interviews with the attending nurse. Parents are advised to raise their concerns to Maternal and Child Health Centres doctors or family doctors.

(b) ***Student Health Service***. Health talks by clinical psychologists, including ones on SpLD, to help enhance parents' awareness is under planning.

(c) ***CAS***. It publishes a series of pamphlets on developmental disorders including SpLD, for parents and people working with children. It provides speakers in seminars organized by NGOs and schools and displays information about SpLD on the DH website. For parents of all newly diagnosed cases with SpLD, CAS provides further explanation, counselling and interim support through a one-day parent information workshop four times a year. The nature of the condition, how parents might help their children with SpLD, and local resources including those from EMB, NGOs and parent groups are introduced. Workshops on word learning are also conducted regularly for parents and children after diagnosis.

ROLE OF NGOs

4.6 NGOs providing assistance or support to children with SpLD and their parents, notably self-help groups, organize activities that help raise parents' awareness of SpLD and provide psychological support to parents. They also offer suitable forums for experience sharing among parents.

4.7 Below are examples of activities organized by NGOs that help enhance public, including parental, awareness of SpLD:

(a) ***Parents' workshops*** to enhance parents' awareness of difficulties encountered by their children with SpLD and techniques in teaching their children at home.

(b) ***Parents' experience sharing forums*** to establish mutual support among parents of children with SpLD.

(c) ***Open Seminars*** to provide the public with information on SpLD and ways to help children with SpLD to overcome learning difficulties.

(d) ***Printed materials*** and information in print and on websites to keep parents and the public informed of the latest development on SpLD.

(e) ***Posters*** at MTR and KCR stations to raise public, including parental, awareness of SpLD and promote public acceptance of children with SpLD.

5

FEEDBACK from STAKEHOLDERS

5.1 To ascertain the effectiveness of the Government assessment services, we have interviewed ten parents and 62 primary school personnel (para. 1.10). We have also obtained feedback from the Hong Kong Association for Specific Learning Disabilities and an institute providing assessment and support services for children with SpLD (para. 1.9).

PARENTS IN QUANDARY – CASE STUDIES

5.2 Almost all parents of children with SpLD interviewed have expressed significant difficulties in obtaining assessment services for their children during the period from 2003 to 2004, as illustrated by the six cases summarized below. We realize that some cases may pre-date the EMB's improvement initiatives. However, they do reflect the sentiments, expectations and aspirations of parents as well as the needs of children with SpLD.

Case A – Child "A"

Personal Particulars at Time of Interview
Age – 9 years old
Class – primary three (repeater)

Case History

5.3 "A" had difficulties in reading and writing when he was in kindergarten year two (2001). He also had difficulties in maintaining balance and fell easily. In the final year of kindergarten (2002), his mother suspected something wrong but did not know what the problem was. When "A" attended primary one at age 6, his mother told the principal about her son's difficulties. The school referred "A" to attend EPS of EMB. "A" had to queue for nine months. In the interim, through the referral of a maternity clinic, "A" was seen by a child psychiatrist who confirmed that "A" had a disorder that affected his spatial perception. Eventually, an EMB educational psychologist examined "A" in July 2003 and told his mother that "A" had dyslexia. EPS provided the assessment report to the school, but not to the mother. Anxious to know more, she searched the internet and found the Hong Kong Association for Specific Learning Disabilities, through which she came to know about the services of CAS under DH. After examination, CAS provided the mother with a one-page assessment report which provided a little more information about the condition of "A".

5.4 She tried hard to help her son – from five in the morning till her son went to school and then after school till midnight. Yet "A" was not able to finish his assignments on time. He was branded as "black sheep" at school from primary one (2002) and was made to sit in a corner on his own in the class. The mother felt that the whole family suffered because of the child's SpLD.

Issues Revealed

5.5 This case revealed the following problems:

- long waiting time for EMB assessment services;
- EMB assessment report not available to parent;
- DH services known to parent only through NGOs;
- brief report only from DH to parent;
- little understanding by teachers or school for child with SpLD; and
- lack of support from school to parent.

Case B – Child "B"

Personal Particulars at Time of Interview

Age – 8 years old

Class – primary three

Case History

5.6 Since primary one in 2003, "B" had not liked writing at all, because she had to re-write a word many times to get it right. She was extremely talkative and could not sit still. She had difficulties focusing on her work as she was easily distracted by activities around her. Her school performance was poor and she ranked last in class. In December 2003, her mother began to suspect a problem and consulted a general practitioner, who referred her to CAS. After examination, CAS confirmed in September 2004 that "B" had dyslexia and attention deficit disorder. CAS referred "B" to EMB to follow up on her dyslexia and to a child psychiatrist to treat her attention deficit disorder.

5.7 The school "B" attended was sympathetic and enlisted the service of an outsourced educational psychologist funded by EMB to help "B". The teachers and school social workers were also supportive. This made the life of the mother much easier, though she realized that it would still take a good deal of patience and skill to help her daughter perform as a normal pupil.

5.8 However, she considered that the "self-help" seminars organized by EMB too general and the time and locations too inconvenient for working parents. Consequently, she could not attend.

Issues Revealed

5.9 This case revealed the following issues:

- parents' lack of knowledge about Government services obtainable through general practitioner's referral;
- constraints of EMB "self-help" seminars for some parents; and
- importance of support from school, teachers and school social workers.

Case C – Child "C"

Personal Particulars at Time of Interview

Age – 9 years old

Class – primary three (repeater)

Case History

5.10 Soon after entering primary one in 2003, "C" began to take a long time to finish his written work and became inattentive. With his short memory span, even

if he managed to memorize a passage, he would forget everything one or two days later. He did not like doing his homework and threw tantrums. At the same time, the school complained to his mother that "C" was lazy, disobedient and talkative. His teachers highlighted his poor performance by making such remarks in the handbook as "failing dictation", "failing dictation for the second time" and "failing dictation for the third time". His mother spoke to the school social worker, who suggested keeping her son under observation for two years.

5.11 Without waiting, she consulted a general practitioner who referred her to CAS. By early 2004, "C" was confirmed to have dyslexia and suspected to have attention deficit disorder. "C" was referred to a child psychiatrist for behavioural therapy.

5.12 She knew the CAS assessment report was copied to the school, but the school did not discuss any follow-up action with her. She had no idea what EMB had done in her case, even though she believed the assessment report to have been copied to EMB. Eventually, she had to arrange for "C" to change school, three times. Refusing to give up, she managed to find some tools for assisting children with SpLD.

<u>Issues Revealed</u>

5.13 This case illustrated the following:

- teachers lacking understanding of SpLD;
- lack of support from school;
- parents' lack of knowledge about Government services obtainable through general practitioner's referral; and
- lack of transparency of EMB's follow-up actions.

Case D – Child "D"

<u>Personal Particulars at Time of Interview</u>

Age – 8 years old

Class – primary three

<u>Case History</u>

5.14 The primary one class mistress complained to "D"'s mother that he did not know what he was writing or reading. He even had difficulty filling in items of homework in his handbook. He mixed up alphabets, like "d" with "b", "q" with "p", and "f" with "t". His mother consulted a general practitioner, who referred "D" to a public hospital and subsequently to CAS. He had to queue for six months for

assessment and was confirmed to have dyslexia in early 2004. CAS then arranged for him to receive occupational therapy.

5.15 The mother felt a general lack of support from the school. As a result, she had to look for information and assistance herself.

5.16 In primary two, "D" was assessed by an EMB educational psychologist. However, the mother did not know the result of the assessment or the follow-up action taken.

<u>Issues Revealed</u>

5.17 This case raised the following issues:

- teachers' lack of awareness of SpLD and support for students with SpLD;
- parents' lack of knowledge about Government services obtainable through general practitioner's referral;
- long waiting time for DH services; and
- lack of transparency of EMB assessment services.

Case E – Child "E"

<u>Personal Particulars at Time of Interview</u>

Age – 10 years old

Class – primary five

<u>Case History</u>

5.18 When in primary one, "E" had difficulty in identifying and reading Chinese characters and handling figures. He was poor in Chinese and Arithmetic. The school notified his mother and then referred the case to EPS of EMB towards the end of primary one (2002).

5.19 An EMB educational psychologist interviewed "E" twice towards the end of primary two, but the result of the assessment was not made known to his parents. It was only one year later when "E"'s mother called EPS for the result that EPS informed her that "E" had dyslexia. Still, EPS did not give her a copy of the assessment report. She only managed to obtain it eventually from the school.

<u>Issues Revealed</u>

5.20 This case illustrated:

- the long wait for and lack of transparency of EMB's assessment process; and
- unavailability of EMB's assessment report to parents.

Case F – Child "F"

Personal Particulars at Time of Interview

Age – 9 years old

Class – primary three

Case History

5.21 "F" had to take an hour for dictation of a few Chinese characters. Apart from having difficulties in dictation, he also mixed up words with related meaning, e.g. 歡喜 and 快樂; 學校 and 校長. In primary one (2002), his mother sought assistance from the class mistress, who referred "F" to see the school social worker. In turn, the latter referred "F" to an educational psychologist under EMB's outsourced scheme. "F" then waited for six months before he was assessed in June 2003. Afterwards, the educational psychologist verbally informed the mother that "F" had normal IQ and suggested some CD-ROM on SpLD to learn how to assist her son. The educational psychologist then closed the case. It was only after persistent requests that she was given an abridged assessment report. "F" was confirmed to be a borderline case of dyslexia.

5.22 The mother was very concerned with the performance of "F" but had felt helpless. She was used to "shouting, beating and pressurizing" her son until she got in touch with some NGOs, where she learnt of ways to assist "F".

Issues Revealed

5.23 This case revealed the following:

- long waiting time for EMB's outsourced EPS;
- inadequate support from outsourced educational psychologist;
- assessment report not available to parent; and
- supporting role of NGOs.

FEEDBACK FROM OTHER STAKEHOLDERS

The Hong Kong Association for Specific Learning Disabilities

5.24 The Association conducted a survey among its members in 2004. The results showed that nearly 80% of the respondents had their children assessed in CAS rather than by the EMB EPS. The Association believed that this was probably due to convenience and accessibility of CAS services through referral from family doctors.

5.25 The survey also showed that 28% of the respondents had to wait for over six months for assessment by CAS and 30% of respondents had to wait for at least two months to receive the assessment reports.

5.26 When we visited the Association, its members commented that Government did not publicise sufficiently to enhance public awareness of SpLD. In many cases, parents were made aware of SpLD and Government assessment services only through the Association. Furthermore, it played an active role in sharing experience with parents on how to support children with SpLD.

Teachers

5.27 Teachers interviewed by us in late 2005 were critical of the waiting time of their referrals to the EMB EPS for assessment by an educational psychologist, which could be as long as six months. They thought the inadequate resources in EPS was a contributory factor. Given the wide span of responsibilities of an outsourced educational psychologist, they queried if there was proper monitoring of the quality and timeliness of service of outsourced EPS in schools.

5.28 As for their own knowledge about SpLD, the teachers -- particularly those for primary one and for student guidance -- considered themselves to be sufficiently aware and knowledgeable, with training about SpLD by their schools and EMB from time to time. However, they considered Government publicity on SpLD insufficient.

5.29 On "Assessment through Teaching" and the OCT exercise, the teachers interviewed had the following comments:

(a) the three-month observation period in school, from September to November, was too short;

(b) it was difficult to rate the occurrence frequency of the behaviour under the OCT despite training seminars;

(c) the one-month period, from early December to early January, for OCT completion and analysis, was too short; and

(d) the OCT was not relevant to students originating from South Asia speaking no Chinese or English.

A Service Institute

5.30 Our interview with the institute providing assessment and support services for children with SpLD (para. 1.9(b)) indicated that many parents lack awareness and knowledge of SpLD and teaching techniques for their children with SpLD. Further, it commented that Government publicity on awareness and knowledge of SpLD was inadequate.

Others

5.31 Three individuals, being relatives or parents of children with SpLD, responded to our appeal for public comments. Many parents lack awareness and knowledge of SpLD and teaching techniques for their children with SpLD. Other issues in their submissions are summarized as follows:

- provision of EMB EPS is inadequate;
- assessment services should be extended to secondary school students; and
- adequate accommodation in internal and public examinations should be provided to secondary school students.

OUR OBSERVATIONS

5.32 We note that the parents and teachers interviewed were mainly selected by referral rather than a structured sampling method. Hence, the six cases and the teachers' views reported above cannot be taken to be statistically representative. Besides, the cases reported by the parents are coloured by their perception. Nevertheless, their experience highlights some general issues for scrutiny. The same applies to the views expressed by the other stakeholders.

5.33 The general issues gleaned may be summarised as follows:

Awareness and knowledge
- parents' lack of awareness of SpLD
- parents' lack of awareness of assessment services available
- teachers' lack of awareness and knowledge of SpLD

Quality of service
- long waiting time for assessment by EPS and CAS
- unavailability of EPS assessment report to parents
- inadequate monitoring of outsourced EPS

- lack of transparency of EMB's assessment services and follow-up action

5.34 The feedback from the stakeholders also reflected the inadequate support from EMB and some schools for students with SpLD and their parents. As this study focuses on assessment, we will examine support services for children with SpLD in a further study.

6

OBSERVATIONS and OPINIONS

PREAMBLE

6.1 We note that since we notified EMB and DH of our intention to conduct this direct investigation in April 2005, the two departments have commendably initiated a series of improvement measures in the identification of children with SpLD. Thus, the statistics relating to the earlier years have to be viewed in the knowledge that the situation should have been improved by now. The same applies to the cases studied and the views of parents and other stakeholders interviewed and reported in Chapter 5. Nonetheless, their experience still provides pointers for improvement in the awareness of SpLD and the standard of assessment services.

PREVALENCE OF SpLD

6.2 According to information from the Hong Kong Specific Learning Difficulties Research Team[15], the percentage of school population with dyslexia (which accounts for over 80% of SpLD cases) in some countries, are as follows:

Italy	1.3 to 5%
Singapore	3.3%
Japan	6%
UK	6%
USA	8.5%

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[15] Hong Kong Specific Learning Difficulties Research Team web, (http://web.hku.hk/~hksld/homepage_e/Dyslexia_e3.html) searched on 22 September 2005.

6.3 In Hong Kong, there is no official survey on the prevalence rate of SpLD. EMB conducts systematically, through schools, the annual territory-wide systematic OCT exercise to identify students with SpLD and maintains statistics on the results. Statistics in the past four years (para. 3.15) show a rising trend of SpLD students identified. A significant increase occurred in the last year when the prevalence rate of SpLD among primary one students increased from 0.55% in 2004/05 to 0.99% in 2005/06. EMB has attributed this to its more rigorous effort in identification and assessment of SpLD.

6.4 DH also saw a continuous rising trend of cases for children assessed to have SpLD in the past four years from 2003 to 2006 (para. 3.25). More significant increase was observed by CAS in 2006, when 976 new cases were identified (33.7% increase from the previous year's 730 cases) and by the Student Health Service in 2006, with 152 new cases identified (an increase of 43% from 106 cases in 2005). DH considered one of the contributing factors to be the greater awareness of parents about SpLD and the effectiveness of the "Triage System" in place since late 2005.

6.5 While we commend EMB and DH for their earnest efforts in the identification of children with SpLD, we believe that the available figures do not represent the real prevalence rate of SpLD in Hong Kong.

6.6 In an information paper[16] in September 2005 to the Legislative Council on students with SpLD, EMB states that different countries have different assessment criteria for SpLD, with prevalence rates ranging from 1% to 11%. EMB notes that different word structures of different languages (such as Chinese characters and English alphabets) may affect the prevalence rate of SpLD in different territories. It may not be meaningful to compare the local prevalence rate of SpLD with other territories. Besides, where the cutting points along the continuum of difficulties are put to indicate SpLD (i.e. the defining threshold for SpLD) will also affect the prevalence rate.

6.7 We are aware of a study by the Hong Kong Specific Learning Difficulties Research Team on students with SpLD, including some work on prevalence rate. There may be other institutions undertaking similar research. We consider that EMB should, in consultation with DH, liaise and work with such experts and stakeholders in this field, to review the assessment criteria and to come to more

[16] Legislative Council paper CB(2)2670/04-05(01).

realistic and accurate data for overall planning and provision of assessment and support services for such children, their parents and schools.

PARENTS' AWARENESS OF SpLD

Importance

6.8 We consider it most important that parents are aware and have some understanding of SpLD, especially when it is a latent disorder and complicated by co-morbid condition. They can then be alerted to the possibility of their children having learning problem and helping them accordingly instead of criticising (and worse, punishing) them for "misbehaviour". Parental awareness will facilitate early detection of SpLD. This is particularly important for preschool children (i.e. before they can benefit from the OCT exercise that starts in primary one) or for those who somehow "slip through" the exercise, (e.g. if they join the Hong Kong school system after primary one). Without timely and proper detection of the disability, these children will be deprived of necessary support services in school and at home. The longer the delay in identification, the more serious will be the children's learning difficulty, and correspondingly they may need more time for and different types of remedial services.

Awareness Level

6.9 From the case studies cited in Chapter 5, submissions from public consultation period and our interview with the service institute, we find that parents in general lack awareness and knowledge of SpLD. We realize that the cases reported were primarily pre-2005 and that EMB and DH have initiated improvement measures since April 2005. Furthermore, the views from those parents can only reflect their individual opinions or perception and can hardly be taken as representative. We see a need, therefore, to gauge the level of general awareness (particularly with parents and teachers) and the effectiveness of publicity in this regard. The findings should help planning for future publicity and public education programmes. To this end, EMB should collaborate with DH to conduct such a survey.

Public Publicity and Education

6.10 EMB and DH have posted relevant information on their websites and

published some leaflets for dissemination among parents of primary school children, especially those in primary one. In this connection, the assistance of parent-teacher associations may be enlisted. Further, a hotline for enquiries on learning difficulties including SpLD should help parents by giving them some general guidance (see also para. 6.14).

Enlisting NGO Assistance

6.11 Our case studies suggest that NGOs can, and do, play a distinctive role: they help significantly to raise parents' awareness and render practical advice and positive assistance (Case A). In this connection, EMB and DH should work more closely with NGOs.

PARENTS' AWARENESS OF SERVICES AVAILABLE

Importance

6.12 With increased awareness of SpLD, parents need to know where they can seek help. They need also to realize that because SpLD may vary in seriousness and co-exist with other disabilities, assessment may have to be by different specialists and remedy with different services.

Awareness Level

6.13 However, it is evident that many, perhaps most, parents are unaware not only of SpLD but also of the assessment services available. Many of them have had to be guided by NGOs or general practitioners (Cases A, B, C and D).

Publicity

6.14 We consider that enhanced publicity with more activities for reaching out should be launched to strengthen parents' awareness of the available assessment services. With EMB taking the leading role, EMB and DH should consider establishing a one-stop service, e.g. a joint office or a common hotline, to disseminate co-ordinated and comprehensive information to parents and teachers (see also para. 6.10).

EMB's ASSESSMENT SERVICE

Performance Pledge

6.15 We note that there are specific time frames for teachers to observe student performance (para. 3.3(a)), complete the OCT (para. 3.3(b)) and analyze results of the OCT to identify students suspected to have SpLD (para. 3.3(c)). There is also a time frame for teachers to review the progress of students assessed to have mild learning difficulties after intervention (para. 3.3(f)). We see no reason for not setting target time frames for the remaining three processes, namely:

- EMB Psychologist Assistants' advice to teachers, after analysis of the results of the OCT exercise, for their further assessment of students identified in the exercise (para. 3.3(d));
- school referral of students with marked learning difficulties to educational psychologists for further assessment (para. 3.3(e)); and
- school formulation of a support programme for students assessed to have SpLD and regular review of their progress (para. 3.3(g)).

The reasons for cases not meeting the above time frames should be documented for monitoring and review purposes.

6.16 EMB should also set performance pledges for the commencement and completion of assessment by the educational psychologist after referral by school or others.

Educational Psychology Service

6.17 We note that the number of educational psychologists in EPS is on the decrease and that at present each EPS educational psychologist has to carry 30 schools with an average caseload of 218 students, compared with one outsourced educational psychologist to six schools and an average caseload of 106 (paras. 3.8, 3.9).

6.18 Given this imbalance of workload, we consider that EMB should critically review both the work and modus operandi of its EPS, including the scope for further outsourcing.

6.19 We note the surveys mentioned by EMB (para. 3.12). Case F relating to the outsourced EPS (para. 5.23) may be an isolated incident. Nevertheless, EMB should keep under review the adequacy of the current monitoring of the performance of outsourced EPS with regular surveys for feedback from users, including parents, on satisfaction level for each provider and in each target school. Such data should help determine whether and how much more EMB might outsource its services.

Assessment Reports

6.20 Parents' understanding of their children's condition is crucial for proper care and support for their children. They have good reason, and the right, to be fully informed of the results of assessment, if necessary at a higher fee.

6.21 We consider that EMB should, on request, provide both the parents and the school concerned with assessment reports in full in terms that can be understood by lay persons. The educational psychologist should explain the salient points of such assessment reports to the parents and teachers concerned in a case conference and help formulate appropriate teaching strategies for the child at home and in school. The educational psychologist should also give counselling on the spot as necessary.

Transparency of Process

6.22 Our case studies indicate that the EMB assessment process has not been at all transparent to the parents. EMB explains that for specialist assessment conducted by the educational psychologist, the school will secure consent from the parents and explain why a specialist assessment is needed. However, EMB does not explain what and how psycho-educational assessment will be conducted. Parents are kept in the dark during, as well as after, the assessment process.

6.23 Parents should be properly informed. A general assessment flowchart similar to that provided by DH (para. 3.23) would help them understand the process, allay their concern and facilitate their positive support to their children.

Support to Teachers

6.24 Teachers in our interviews have indicated problems of implementation. We note the training provided to teachers by EMB (para. 3.5). Nevertheless, we

suggest that EMB should continue to collect views regularly from teachers for improvement and help them resolve their difficulties.

Support for Students Not Assessed To Have SpLD

6.25 We note that after the processes described in paras. 3.3(a) and (f), there may be students assessed to have mild or marked learning difficulties but eventually not identified as having SpLD. Although these children are not the focus of this study, we are concerned that they have adequate and suitable support for their effective learning at school (para. 3.3(e)).

DH's ASSESSMENT SERVICE

Performance Pledge for Student Health Service

6.26 The waiting time for psychosocial health assessment is between six to eight weeks, and psychological assessment, five weeks (para. 3.21). However, unlike the CAS, there is no performance pledge for the Student Health Service to complete assessment of new cases within a definite time frame. We appreciate the introduction of the "Triage System" since late 2005 to streamline referral practices. However, we are of the view that it would be even better to work out a target completion date for assessment.

Assessment Reports

6.27 After assessment of the child, parents receive a one-page summary assessment report from the CAS (para. 3.24). We have examined a sample of the summary assessment report to the parent and the school and the clinical psychologist's report to the educational psychologist for the same case. The latter report is much more informative and would be more useful to the parents than the summary report. For example, over and above what is contained in the summary report, the full report may:

- record specific strengths of the child in the test(s) administered -- such information should guide the parent in teaching the child at home and encourage the child in building up self-esteem and greater confidence in learning;
- dispel certain myths about the child's deficiencies that may be

harboured by the parents -- such information can alleviate parents' concern and motivate them towards more suitable intervention method in support of their child; and

- clarify the specific evaluation to be undertaken by the paediatrician, and alleviate parents' concern.

6.28 In this context, we are firmly of the view that a detailed assessment report should be provided to the parents and the school on request. As with EMB, this should be supplemented by an interview for the appropriate professionals to explain the salient points of the report to the parents concerned and counselling as necessary.

CO-ORDINATION

Inter-departmental Co-ordination

Clearer definition of responsibilities between EMB and DH

6.29 DH considers itself as having only a supplementary role to help the detection and diagnosis of children with SpLD. Yet, DH assessed 1,128 cases in 2006, more than half the number (1,658 cases) assessed by EMB in the school year 2005/06, or more than a third of the combined total (paras. 3.15, 3.25). Furthermore, DH provides comprehensive health developmental surveillance services for children from birth to school age. In this context, DH is an important service provider in detection and diagnosis; so it has a significant part to play. However, SpLD is "treated" mainly through education remedies, particularly in the school and family settings. We consider that clearer definition of responsibilities between EMB and DH will enable parents and teachers to have better understanding of what, and where, services are available.

6.30 We note that EMB already has a leading role in assessing all students from primary one onwards in public sector schools. Meanwhile, DH runs a comprehensive service for children before school age and has been diagnosing some with co-morbid condition. We consider that, ideally, identification of SpLD should cover all children of preschool age for early intervention.

Co-ordination in assessment services

6.31 We appreciate the present co-ordination between EMB and DH in not duplicating assessment tests on the same child and in sharing assessment reports. We also see their half-yearly liaison meetings as a valuable forum to enhance inter-departmental co-ordination on operational matters. However, we suggest that the scope of the liaison meetings be extended to cover:

- clear delineation of responsibilities between the two departments;
- periodic review of such delineation; and
- other matters of co-operation and collaboration converging on a one-stop service.

Collation of statistics

6.32 At present, EMB and DH keep separate statistics on cases assessed to have SpLD. Moreover, they adopt different counting methods and reporting years. For example, EMB counts the number of students assessed and DH, the number of SpLD diagnosed, which is higher than the EMB count as a child may have multiple SpLD. Meanwhile, EMB's reporting year runs from September to August whereas DH, is between January to December. There is strong case for EMB and DH to align their statistical compilation and consolidate common figures for public consumption and overall planning of services.

Co-ordination in publicity

6.33 Given the low level of awareness and even lower understanding of SpLD among parents, and even the school sector, greater efforts must go into publicity and public education. In view of the inter-disciplinary nature of SpLD, EMB and DH should join forces in this respect. A co-ordinated strategy and action plan to enhance awareness of SpLD and the various assessment services in the public sector, should go a long way towards helping children with SpLD, their parents and their teachers.

Co-ordination with NGOs

6.34 We appreciate the commitment and contribution of NGOs in their mission to help children with learning difficulties. We recognize the burden of responsibilities on the two Government agencies, especially EMB. We consider that this burden could and should be shared with NGOs, particularly self-help groups.

They can provide suitable forums for parents to share experience; their services also offer a more personal touch. EMB, in consultation with DH, should review how best it can foster and enhance co-operation with NGOs.

OTHER CO-ORDINATION ISSUES

6.35 In the course of our study, we have identified other issues of co-ordination requiring further examination, such as co-operation between the school and parents of children with SpLD, collaboration among teachers, the respective roles played by teachers and school social workers, and "follow through" support to a student with SpLD from primary one to six. However, these are more issues on support services than assessment for students with SpLD. They will be examined in our follow-up investigation referred to in para. 1.7.

7

CONCLUSIONS and RECOMMENDATIONS

CONCLUSIONS

7.1 Children with SpLD, just like other children, can attain high academic achievements provided early assessment is made for suitable support to them in learning and general guidance. The longer the delay in detection, the less effective the remedial services for them. In this connection, we applaud EMB's policy and endeavours for early identification and intervention. We appreciate the continuing efforts of both EMB and DH for implementing improvement measures since April 2005, as a positive response to our inquiry and investigation. In particular, given the resources available under the five-year project on SpLD sponsored by the Hong Kong Jockey Club Charities Trust, we anticipate capacity for significant enhancement in Government's support services for children with SpLD.

7.2 Meanwhile, there is considerable scope for further improvement. In this connection, we have the following conclusions:

(a) The rising trend of SpLD students identified in the past four years may not represent the real prevalence rate of SpLD in Hong Kong (para. 6.5). There is a need to review the assessment criteria for SpLD (para. 6.7).

(b) It is crucial that parents are aware of the existence of learning difficulties among children to enable earliest possible detection where due (para. 4.1). However, many, perhaps most, parents are unaware not only of SpLD but also of the assessment services available (paras. 6.9, 6.13).

(c) There is room for improvement in various facets of the assessment

services provided by EMB and DH (paras. 6.15 – 6.28).

(d) There is a need for clearer definition of responsibilities between EMB and DH to enable parents and teachers to have better understanding of what, and where, services are available (para. 6.29).

(e) There is also room for improvement in inter-departmental co-ordination in terms of assessment services, compilation and consolidation of statistics, and publicity; and co-ordination with NGOs (paras. 6.31 – 6.34).

RECOMMENDATIONS

7.3 To ensure that all children with SpLD are identified early so that they and their parents are given suitable support in a co-ordinated manner, The Ombudsman makes the following recommendations for EMB and DH and two for the central Administration:

Assessment Criteria

(1) EMB, in consultation with DH, to liaise and work with experts and stakeholders in this field, to review the assessment criteria and to come to more realistic and accurate data for overall planning and provision of assessment and support services for children with SpLD, their parents and schools (para. 6.7).

Enhancing Parents' Awareness

(2) To enlist the assistance of parent-teacher associations in disseminating information to parents (para. 6.10) and work more closely with NGOs to raise parents' awareness of SpLD (para. 6.11).

(3) To consider establishing a one-stop service such as a joint office or a common hotline to disseminate co-ordinated and comprehensive information to parents and teachers (paras. 6.10 and 6.14).

(4) To conduct a survey on the level of general awareness of SpLD (particularly with parents and teachers) and the effectiveness of publicity (para. 6.9).

(5) To launch enhanced publicity with more activities for reaching out to strengthen parents' awareness of the available assessment services (para. 6.14).

Improving Inter-departmental Co-ordination

Co-ordination in assessment services

(6) To extend the scope of the liaison meetings to cover –

- clear delineation of responsibilities between the two departments (para. 6.31);
- periodic review of such delineation (para. 6.31); and
- other matters of co-operation and collaboration converging on a one-stop service (para. 6.31).

Collation in statistics

(7) To align in statistical compilation and consolidate common figures for public consumption (para. 6.32).

Co-ordination in publicity

(8) To join forces for a co-ordinated strategy and action plan to enhance awareness of SpLD and the various assessment services in the public sector (para. 6.33).

Improving Co-ordination with NGOs

(9) To review how best Government can foster and enhance co-operation with NGOs in identifying and supporting children with SpLD (para. 6.34).

Improving EMB Service (For EMB action)

Performance Pledge

(10) To set target time frames for –

(i) its Psychologist Assistants' advice to teachers, after analysis of the results of the OCT, for their further assessment of students identified in the exercise (para. 6.15);

(ii) school referral of students with marked learning difficulties to educational psychologists for further assessment (para. 6.15);

(iii) school formulation of a support programme for students assessed to have SpLD and regular review of their progress (para. 6.15); and

(iv) the commencement and completion of assessment by the educational psychologist after referral by school or others (para. 6.16).

Educational Psychology Service

(11) To review critically both the work and modus operandi of its EPS, including the scope for further outsourcing (para. 6.18).

(12) To review the adequacy of the current monitoring of the performance of outsourced EPS (para. 6.19).

Assessment Reports

(13) To provide, on request, both the parents and the schools concerned with assessment reports in full in terms that can be understood by lay persons, supplemented by a case conference for the parents and teachers concerned, and counselling for the parents, provided by appropriate professionals (para. 6.21).

Transparency of Process

(14) To inform parents properly about the assessment process through a general assessment flowchart (para. 6.23).

Support to Teachers

(15) To continue to collect views regularly from teachers for improvement and help them resolve their difficulties in the implementation of the OCT exercise (para. 6.24).

Improving DH Service (For DH action)

Performance Pledge for Student Health Service

(16) To work out a target completion date for assessment for SpLD by the Student Health Service (para. 6.26).

Assessment Reports

(17) To provide, on request, the parents and the schools concerned with a detailed assessment report, supplemented by an interview where the report is explained and counselling provided to the parents by appropriate professionals (para. 6.28).

(18) To continue diagnosing preschool children with co-morbid condition (para. 6.29).

Clearer definition of responsibilities between EMB and DH (for the central Administration action)

(19) To work out clearer definition of responsibilities between EMB and DH to enable parents and teachers to have better understanding of what, and where, services are available (para. 6.29).

(20) To examine the feasibility of identifying SpLD among preschool and kindergarten children for early intervention (para. 6.30)

8

FINAL REMARKS

COMMENTS FROM EMB AND DH

8.1 EMB and DH have commented on our draft investigation report. We have, where appropriate, incorporated them into this final report.

8.2 EMB considers that our investigation has examined the issue of "assessment in a narrow sense, i.e. assessment for diagnosis only". It maintains that, in education, the assessment procedures start with observation by teachers, followed by early identification and support, monitoring of the child's response to the intervention and professional assessment of children not making the expected progress.

8.3 DH emphasizes that, given the nature of SpLD, problems will surface only in the process of learning when the children are required to demonstrate learning skills. DH is ready to provide professional support or advice to assist EMB in the timely identification of SpLD cases within the education setting.

FINAL REMARKS FROM THE OMBUDSMAN

8.4 The focus of this direct investigation is, indeed, to examine the initial assessment of children for SpLD, in particular services available for their identification and diagnosis. However, we do acknowledge that the assessment process is a continuum. In fact, we consider that the process should begin at home and be followed up in school. Hence, it is vital for parents to be aware soonest possible.

8.5 We also agree that SpLD is first an education issue and that EMB should take a leading role in identifying and helping children with SpLD. The exact division of responsibilities between EMB and DH involves resource availability and allocation. This is a policy consideration and a matter for the Administration.

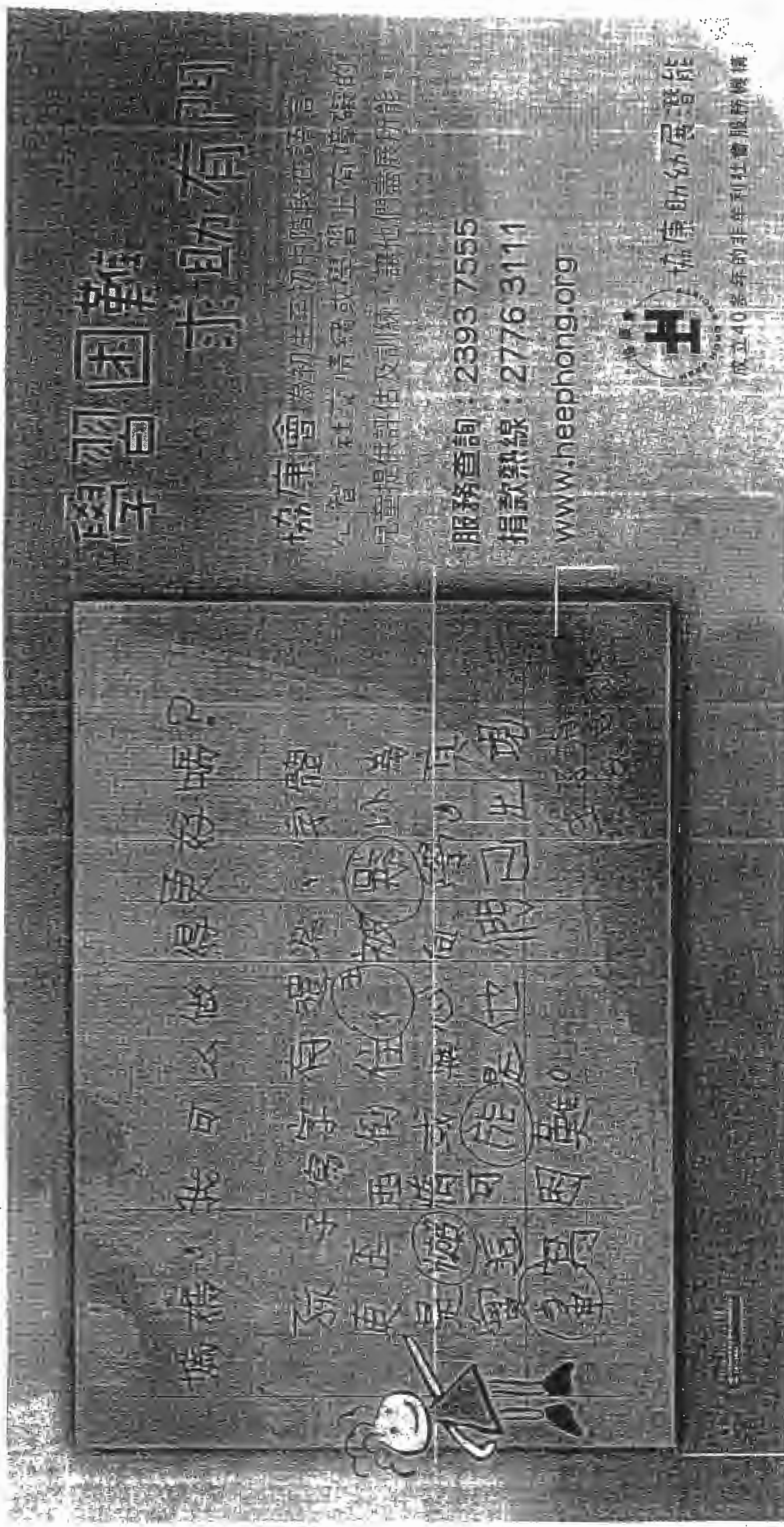
8.6 Finally, The Ombudsman thanks the Permanent Secretary for Education and Manpower and the Director of Health and their staff for assistance throughout this investigation. We look forward to their continued cooperation in our further study into support service for these children.

Office of The Ombudsman
Ref. OMB/DI/134
March 2007

ANNEXES

A Poster on SpLD

Annex 1
(para. 2.6)



Annex 2
(para. 3.13)

A Sample of an Assessment Report from EMB

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Not to be duplicated or redistributed without the Permission of the Educational Psychology Service Section

Form A

EDUCATION AND MANPOWER BUREAU
EDUCATIONAL PSYCHOLOGY SERVICE (SPECIAL EDUCATION SECTION)
ASSESSMENT REPORT

Ref. No.:

Name: **Sex:**

Date of Birth: **Age:** **as on**

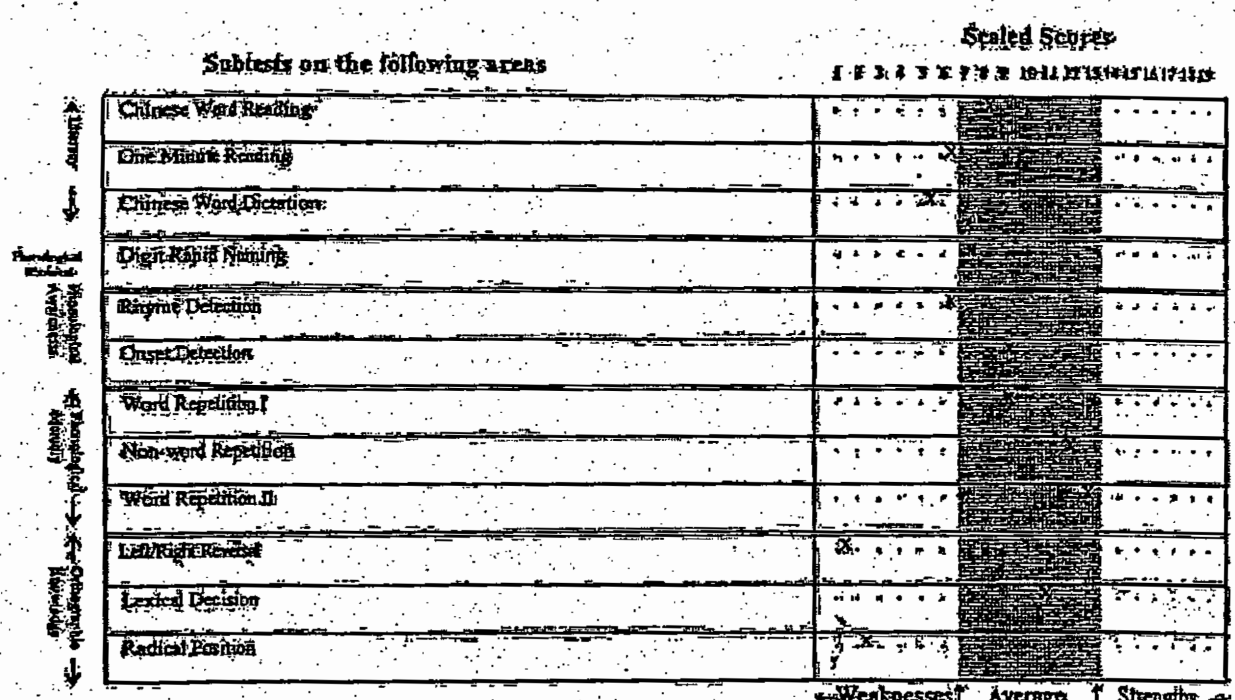
Address: **Tel. No.:**
School: **Class: P.**

Seen on: **at School**

Reason for referral

is referred by school for suspected specific learning difficulties.

Hong Kong Test of Specific Learning Difficulties in Reading and Writing (HKT-SpLD)
(Assessed on)



Summary of composite scores in literacy and cognitive areas:
Literacy Composite score: 6.3
Rapid Digit naming: 7

Source: EMB

Phonological awareness: 7.5
Phonological memory: 11.3
Orthographic Knowledge: 5.3

Sumary of assessment findings

1. **Hong Kong Test of Specific Learning Difficulties in Reading and Writing**

   ... profile of strengths and weaknesses is shown above.

   Literacy:

   - ... is below average in Chinese word dictation but obtained low average scores in Chinese word reading. His reading was noted to be hesitant and lacked fluency.
   - is not yet able to write all the letters of the alphabet correctly. He wrote the letter "J" with reversal. He missed out "f" and "x".

   Cognitive areas:

   He shows relative strengths in phonological memory.
   He shows weakness in retrieval at speed (rapid naming) and in Orthographic Knowledge, particularly in Left/ Right Reversal and in Radical Position. He also shows weakness in one of the two subtests in Phonological Awareness, ie. Rhyme Detection.
   According to the criteria of the test, he is assessed to have specific learning difficulties.

2. **Social-emotional adjustment**
   - During testing, ... was observed to be timid and spoke in a very soft voice. He could follow instructions adequately though his responses were slow. He said that he was less happy repeating P.2 this year, as he missed his old classmates from last year.
   - ... was reported by the mother to be compliant at home.
   - mother is a Chinese woman from Indonesia. She has never learnt to read or write Chinese. The father is a fisherman whose work takes him frequently away from home. The marital relationship is not good, and the mother is left unsupported. She is unable to help with his studies, and cannot even understand the school notices given to the parents.

Conclusions and Recommendations

is repeating primary two but is showing very slow progress. He shows a cognitive profile compatible with specific learning difficulties. Also, the family is deprived and neither of his parents can support his learning at home. The following actions are recommended:

1. is recommended for intensive remedial support in the major subjects.

2. The Student Guidance Teacher is recommended to refer the mother to a Family Service for support, as well as refer ...... for tutorial support in a nearby youth centre.

3. **Teachers are recommended to use the following strategies in helping** c

- **CD ROM:** Provide a computer for practise with the Chinese CD (中文字詞認讀光碟) at school three times a week (after school from 12:30 – 1 PM);
- **Daily Practice:** Consider asking the Teaching Assistant to help him practice new Chinese words using multisensory teaching strategies (Paired reading and DATAPAC);
- **Lessons on tape:** The Chinese teacher is to read the Chinese lessons on tape. The mother is recommended to buy a small tape recorder so that , could listen to the taped lessons at home.
- **Slow retrieval speed:** allow extra time for tests and exams.
- **Dictation:** reduce the amount of dictation.

- **Self esteem:** set realistic targets and recognize his efforts made; identify his relative strengths; give him some responsibilities in class; pair him up with a "buddy" such as a student from upper primary who can support him through friendship.

4. School is recommended to review his progress on a regular basis.

(I)
Educational Psychologist

Cir: School /File

Annex 3
(para. 3.24)

A Sample of a Summary Assessment Report for the Parent and the School from DH

限閱
未經家長同意
不得翻印

中九龍兒童體能智力測驗中心
評估摘要(供家長/學校參考)

評估日期	-11-2005	檔案編號	Case A
評估負責人	臨床心理學家 太	兒童姓名	
	言語治療師 姑娘	出生日期	-3-1997
	醫務社工 姑娘	年齡	8歲8個月

診斷結果：

1. 智力
   香港韋氏兒童智力量表智商屬中上智能

2. 讀寫能力
   香港讀寫障礙測驗-語文測驗結果：中文讀字 ：較弱
   一分鐘讀字 ：一般
   中文默字 ：較弱
   -認知測驗中表現低弱的有 ：☐快速命名 ☐語音記憶 ☐語音意識 ☐字型結構

   *被診斷為讀寫障礙

3. 專注力控制及活躍程度
   行為觀察：大致能專注地完成測驗
   家長觀察及印象：未能安坐，容易分心，不留神，難於安排或籌劃活動，未有細心聆聽別人說話，日常生活中「無記性」

4. 語言能力
   語言理解 ：在日常對話中無顯著問題
   語言表達 ：較弱
   發音 ：正常

診斷結論：讀寫障礙

本中心建議：

☑ 學校提供學習支援服務
- ☑學生名字應加入「學生支援記錄表」
- ☑加強輔導服務（尤其英文科）
- ☑為讀寫障礙兒童而設的教學服務

☑ 轉介教統局服務
- ☑教育心理服務(支援學校)

本中心將安排:-兒科醫生作進一步評估
-家長參與「認識讀寫障礙」工作坊

如有任何疑問，請於辦公時間內致電 2246 6633 或親臨本中心查詢。

☑ 附件 (To school : teaching strategies
To parent : Suggestions for home training)

Source: DH